



Water and Wastewater Management Services, LLC

111 Sparrow Court

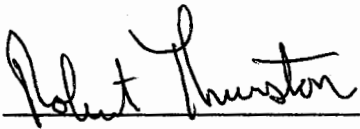
Port Ludlow, WA 98365

(360)437-0540

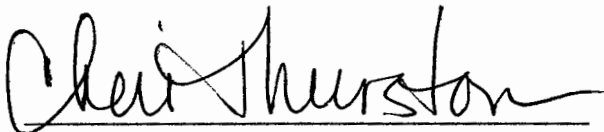
February 19, 2016

The following is our statement that there system is unencumbered, no liens and has not debts. This statement also includes our former business T&T Professional service which was closed December 31, 2011. With all assets being transferred; to Water & Wastewater Management Services, LLC. On January 1, 2012.

Signature of owners:



Robert Thurston



Cheri Thurston



Water and Wastewater Management Services, LLC

111 Sparrow Court

Port Ludlow, WA 98365

(360)437-0540

February 19, 2016

In 2012 we had our sewer back up in our home which is also our offices. With that it was a complete total to our finished basement. This is where all of our records are stored. We able to recover some records inventory and receipts that are attached to this letter.

Also I have included some copies of emails of things that were done to well with cost of man hours, equipment to repair. We also replace a pump for \$500.00 somewhere in the time frame of 2012-2013. We have also include copies of our UTC files stating income.

Robert Thurston

Cheri Thurston

\$890-Piper



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2015

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 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 Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, WA 98032	CONTACT NAME: JOSH HATLEY PHONE (A/C, No, Ext): 206-859-4894 E-MAIL ADDRESS: josh@vernfonk.com	FAX (A/C, No): 206-859-4899
	INSURER(S) AFFORDING COVERAGE	
INSURED WATER AND WASTEWATER MANAGEMENT SERVICES LLC 111 SPARROW CT PORT LUDLOW, WA 98365	INSURER A : NAUTILUS INSURANCE CO.	
	INSURER B :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 00129698-92941** **REVISION NUMBER: 7**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		NN492638	01/17/2015	01/17/2016	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ INCLUDED
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$
	DED	RETENTION \$					EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				WC STATUTORY LIMITS	OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L EACH ACCIDENT	\$
							E.L DISEASE - EA EMPLOYEE	\$
							E.L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is additional insured.

CERTIFICATE HOLDER Piper #00887P 4795 NE NORTHLO RD #WELL BAINBRIDGE ISLAND, WA	CANCELLATION 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  (JRH)
--	---

Best Regards,

Bob Thurston

Recent cost
Due to The contaminating
County Testing -

Cheri Thurston

Water and Wastewater Management Services, LLC

Operations Director

(360) 437-0540 .Office

(360) 301-1967 . Cell

From: Bob Thurston

Sent: Tuesday, May 05, 2015 5:38 PM

To: CheriThurston (cheri_thurston@msn.com)

Subject: See attached and below

We wanted to let all the customers know that while doing a Hydrological test and system inspection by KPUD they pulled an investigative Bacteriological test. KPUD notified us today that test failed and showed Presence of coliform and E-coli Bacteria. We immediately returned to the well for repeat samples and those were dropped off at the lab this afternoon. We will have those test results tomorrow and let you all know the results and any follow up they may be required. In the meantime please boil your water before drinking or using it for cooking. Please see attached fact sheet.

Best Regards,

Bob Thurston

Cheri Thurston

Water and Wastewater Management Services, LLC

Operations Director

(360) 437-0540 .Office

(360) 301-1967 . Cell

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/6/15	Time Sample Collected 2:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County KITSAP
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# 00887P		
System Name: Tolo Water		
Contact Person: Bob Thurston		
Day Phone: (360) 301-3535		Cell Phone: (360) 301-3535
Eve. Phone: ()		FAX: ()
Email Address:		
Send results to: (Print full name, address and zip code) Bob Thurston 111 Sparrow Ct Port Ludlow WA 98365		
SAMPLE INFORMATION		
Sample collected by (name): T. Hausen		
Specific location where sample collected: 4795 NETAPO RD. Well Hse TAP 2	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____ 3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">S</div>	2. Repeat Sample (after unsatisfactory routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
Public systems must provide source number from WFI		
4. <input checked="" type="checkbox"/> Sample Collected for Information Only		
Investigative <input checked="" type="checkbox"/> Construction / Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
Analyst Remarks:		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.		
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: ICR- 2730 2720	Date and Time Received: 5/6/15 300	
Date Analyzed: 5.6.15	Date Reported: 5.7.15	
Sample Number (DOH number plus five digits) 010 08902	Lab Use Only: 149089-02	

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/6/15	Time Sample Collected 2:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County KITSAP
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# 00887P		
System Name: Tolo Water		
Contact Person: Bob Thurston		
Day Phone: (360) 301-3535		Cell Phone: (360) 301-3535
Eve. Phone: ()		FAX: ()
Email Address:		
Send results to: (Print full name, address and zip code) Bob Thurston 111 Sparrow Ct Port Ludlow WA 98365		
SAMPLE INFORMATION		
Sample collected by (name): T. Hausen		
Specific location where sample collected: 4795 NETAPO RD. Well House TAP 1	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____ 3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">S</div>	2. Repeat Sample (after unsatisfactory routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
Public systems must provide source number from WFI		
4. <input checked="" type="checkbox"/> Sample Collected for Information Only		
Investigative <input checked="" type="checkbox"/> Construction / Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
Analyst Remarks:		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.		
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: ICR- 2730 2720	Date and Time Received: 5/6/15 300	
Date Analyzed: 5.6.15	Date Reported: 5.7.15	
Sample Number (DOH number plus five digits) 010 08901	Lab Use Only: 149089-01	

Cheri Thurston

From: Cheri Thurston <cheri_thurston@msn.com>
Sent: Thursday, May 07, 2015 10:34 AM
To: tolohouse@sounddsl.com; kanicker@gmail.com; jswbamboo@yahoo.com; jm.jensen@live.com; or; camburn40@comcast.net; jlporter46@hotmail.com; John Papajani; rmoeur@hotmail.com; tllauer@comcast.net; linnealauer@comcast.net
Subject: Water Lab Results

To all water clients at Tolo/Piper well,

This email is to let you all know that the water test past and you may resume regular water usage. We will send you the test results when we get the invoice and result page from the Lab.

Best Regards,

Cheri Thurston

Water and Wastewater Management Services, LLC

Operations Director

(360) 437-0540 .Office

(360) 301-1967 . Cell

From: kanicker@gmail.com
Subject: Re: See attached and below
Date: Thu, 7 May 2015 08:38:37 -0700
To: cheri_thurston@msn.com

Thank you for the update.
Kim Anicker

Sent from my iPad

On May 6, 2015, at 6:44 PM, Cheri Thurston <cheri_thurston@msn.com> wrote:

<image001.gif>

We want to let you all know the investigative retest has come back negative for E-Coli yet positive for Total Coliform. In response we chlorinated the system and retested and will let you know the results. As a precaution still boil your water for consumption.

We chlorinated and flushed the system but Chlorine addition may cause your water to be discolored and we advise not to do white laundry for a day or two.

In addition several of you have asked for the last routine monitoring Coliform test results. Please see attached from March 19, 2015.

Detach and return top portion with your payment

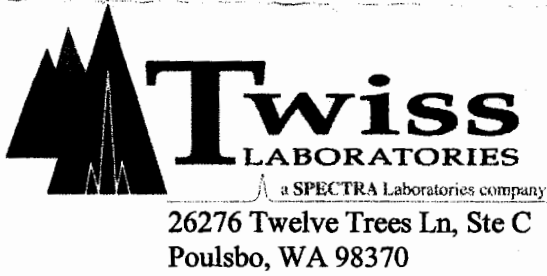
PLEASE REMIT PAYMENT TO:

Spectra Laboratories - Kitsap, LLC
2221 Ross Way
Tacoma, WA 98421

P.O. No.	Terms	Invoice #
	Net 30	15-02986

Description	Qty	Rate	Amount
Sample No: 149089-01 Testing: Total Coli/Ecoli - detect Colisure Project: Tolo Water/Piper Site/Desc: Tolo Water Location: 1 4795 NE Tolo Rd Wellhouse	1	21.00	21.00
Sample No: 149089-02 Testing: Total Coli/Ecoli - detect Colisure Project: Tolo Water/Piper Site/Desc: Tolo Water Location: 2 4795 NE Tolo Rd Wellhouse	1	21.00	21.00

Phone #	Fax #	E-mail	Total	\$42.00
Acct: 253-272-4850	253-572-9838	SteveZ@Spectra-Lab.com	Payments/Credits	\$0.00
			Balance Due	\$42.00



Statement

Date

7/31/2015

Water & Wastewater Management Services
 111 Sparrow Court
 Port Ludlow, WA 98365

PLEASE REMIT PAYMENT TO:

Spectra Laboratories - Kitsap, LLC
 2221 Ross Way
 Tacoma, WA 98421

Terms	Amount Due
	\$42.00

Date	Description	Amount	Balance
05/07/2015	INV #15-02960. Orig. Amount \$42.00. --- Microbiology, 1 @ \$21.00 = 21.00 --- Microbiology, 1 @ \$21.00 = 21.00 <i>Handwritten: Tolo</i>	42.00	42.00

Handwritten: pd - ck - 3140

Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
0.00	0.00	42.00	0.00	0.00	\$42.00

Phone #	Fax #	E-mail	Web Site
Acct: 253-272-4850	253-572-9838	SteveZ@Spectra-Lab.com	www.twisslabs.com



Invoice

Due Date	Date	Invoice #
6/6/2015	5/7/2015	15-02960

Water & Wastewater Management Services
111 Sparrow Court
Port Ludlow, WA 98365

Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

Balance Due	\$42.00
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Detach and return top portion with your payment

PLEASE REMIT PAYMENT TO:

Spectra Laboratories - Kitsap, LLC
2221 Ross Way
Tacoma, WA 98421

P.O. No.	Terms	Invoice #
	Net 30	15-02960

Description	Qty	Rate	Amount
Sample No: 149033-01 Testing: Total Coli/Ecoli - detect Colisure Project: Tolo Water/Piper Site/Desc: Tolo Water Piper Location: Reservoir Tolo	1	21.00	21.00
Sample No: 149033-02 Testing: Total Coli/Ecoli - detect Colisure Project: Tolo Water/Piper Site/Desc: Tolo Water Piper Location: Tolo Well	1	21.00	21.00

Phone #	Fax #	E-mail	Total	\$42.00
Acct: 253-272-4850	253-572-9838	SteveZ@Spectra-Lab.com	Payments/Credits	\$0.00
			Balance Due	\$42.00



26276 Twelve Trees Ln, Ste C
 Poulsbo, WA 98370

Statement

Date

4/2/2015

Water & Wastewater Management Services
 111 Sparrow Court
 Port Ludlow, WA 98365

PLEASE REMIT PAYMENT TO:

Spectra Laboratories - Kitsap, LLC
 2221 Ross Way
 Tacoma, WA 98421

				Terms	Amount Due
				Net 30	\$42.00
Date	Description			Amount	Balance
03/24/2015	INV #15-01739. Orig. Amount \$42.00.			42.00	42.00
Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
0.00	42.00	0.00	0.00	0.00	\$42.00
Phone #		Fax #	E-mail		Web Site
Acct: 253-272-4850		253-572-9838	SteveZ@Spectra-Lab.com		www.twisslabs.com



a SPECTRA Laboratories company
 26276 Twelve Trees Ln, Ste C
 Poulsbo, WA 98370

Invoice

Due Date	Date	Invoice #
3/24/2015	3/24/2015	15-01739

Water & Wastewater Management Services, L
 111 Sparrow Ct
 Port Ludlow, WA 98365

Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

Balance Due	\$42.00
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Detach and return top portion with your payment

PLEASE REMIT PAYMENT TO:

Spectra Laboratories - Kitsap, LLC
 2221 Ross Way
 Tacoma, WA 98421

P.O. No.	Terms	Invoice #
	Due Upon Re...	15-01739

Description	Qty	Rate	Amount
Sample No: 147818-01 Testing: Total Coli/Ecoli - detect Colisure Project: Pinewood, Tolo Water Annuals Site/Desc: Pinewood Water System Location: 22280 Pt Gamble Rd	1	21.00	21.00
Sample No: 147818-02 Testing: Total Coli/Ecoli - detect Colisure Project: Pinewood, Tolo Water Annuals Site/Desc: Tolo Water System Location: 4795 NE Tolo Rd	1	21.00	21.00

Phone #	Fax #	E-mail	Total	\$42.00
Acct: 253-272-4850	253-572-9838	SteveZ@Spectra-Lab.com	Payments/Credits	\$0.00
			Balance Due	\$42.00

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5 16 15</u> Month Day Year	Time Sample Collected <u>2:20</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>KITSAP</u>
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>0 0 8 8 7 P</u>		
System Name: <u>Toto Water</u>		
Contact Person: <u>Bob Thurston</u>		
Day Phone: <u>(360) 301-3535</u>	Cell Phone: <u>(360) 301-3535</u>	
Eve. Phone: ()	FAX: ()	
Email Address:		
Send results to: (Print full name, address and zip code) <u>Bob Thurston</u> <u>111 Sparrow Ct</u> <u>Port Ludlow WA 98365</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>T. Hausen</u>	
Specific location where sample collected: <u>4795 NETOLD RD</u> <u>Well House TAP 2</u>	Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsatisfactory routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <u>S</u>	Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___

4. Sample Collected for Information Only
 Investigative Construction / Repairs ___ Private Residence ___ Other ___

LAB USE ONLY DRINKING-WATER RESULTS LAB USE ONLY

Analyst Remarks:

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
--	--

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- <u>2730 2720</u>	Date and Time Received: <u>5/16/15 300</u>
Date Analyzed: <u>5 6 15</u>	Date Reported: <u>5 7 15</u>
Sample Number (DOH number plus five digits) <u>0 1 0 08902</u>	Lab Use Only: <u>149089-02</u>

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5 16 15</u> Month Day Year	Time Sample Collected <u>2:15</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>KITSAP</u>
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>0 0 8 8 7 P</u>		
System Name: <u>Toto Water</u>		
Contact Person: <u>Bob Thurston</u>		
Day Phone: <u>(360) 301-3535</u>	Cell Phone: <u>(360) 301-3535</u>	
Eve. Phone: ()	FAX: ()	
Email Address:		
Send results to: (Print full name, address and zip code) <u>Bob Thurston</u> <u>111 Sparrow Ct</u> <u>Port Ludlow WA 98365</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>T. Hausen</u>	
Specific location where sample collected: <u>4795 NETOLD RD</u> <u>Well House TAP 1</u>	Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsatisfactory routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <u>S</u>	Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___

4. Sample Collected for Information Only
 Investigative Construction / Repairs ___ Private Residence ___ Other ___

LAB USE ONLY DRINKING-WATER RESULTS LAB USE ONLY

Analyst Remarks:

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
--	--

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- <u>2730 2720</u>	Date and Time Received: <u>5/16/15 300</u>
Date Analyzed: <u>5 6 15</u>	Date Reported: <u>5 7 15</u>
Sample Number (DOH number plus five digits) <u>0 1 0 08901</u>	Lab Use Only: <u>149089-01</u>



26276 Twelve Trees Lane, Suite C
 Poulsbo, WA 98370
 (360) 779-5141

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/5/15	Time Sample Collected 2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Kitsap
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# _____ System Name: Tolo Water System / Piper Contact Person: Bob Thurston Day Phone: (360) 301-3535 Cell Phone: (360) 301-3535 Eve. Phone: (Same) FAX: () Email Address: bobt@corredequipment.com Send results to: (Print full name, address and zip code) WWS, LLC #1 Sparrow Ct Port Ludlow, WA 98365		

SAMPLE INFORMATION

Sample collected by (name): Bob Thurston	
Specific location where sample collected: Tolo Well	Special instructions or comments: Investigative
Type of Sample (must check only one box of #1 through #4 listed below)	
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	
Public systems must provide source number from WFI	

Sample Collected for Information Only

Investigative Construction / Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Analyst Remarks: **left message 5-6-15 1245 kW**

<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and	<input type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present	<input checked="" type="checkbox"/> E. coli absent
<input type="checkbox"/> Fecal coliform present	<input type="checkbox"/> Fecal coliform absent

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:
MICR- 2730

Date Analyzed: **5-5-15**
 Sample Number (DWH number plus five digits)

Date and Time Received: **5/5/15 340**

Date Reported: **5-6-15**
 Lab Use Only:



26276 Twelve Trees Lane, Suite C
 Poulsbo, WA 98370
 (360) 779-5141

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/5/15	Time Sample Collected 2:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Kitsap
Type of Water System (check only one box) <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# _____ System Name: Tolo Water System / Piper Contact Person: Bob Thurston Day Phone: (360) 301-3535 Cell Phone: (360) 301-3535 Eve. Phone: (Same) FAX: () Email Address: bobt@corredequipment.com Send results to: (Print full name, address and zip code) WWS, LLC #1 Sparrow Ct Port Ludlow, WA 98365		

SAMPLE INFORMATION

Sample collected by (name): Bob Thurston	
Specific location where sample collected: Preserve Tolo	Special instructions or comments: Investigative
Type of Sample (must check only one box of #1 through #4 listed below)	
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	
Public systems must provide source number from WFI	

Sample Collected for Information Only

Investigative Construction / Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Analyst Remarks: **left message 5-6-15 1245 kW**

<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and	<input type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present	<input checked="" type="checkbox"/> E. coli absent
<input type="checkbox"/> Fecal coliform present	<input type="checkbox"/> Fecal coliform absent

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:
MICR- 2730

Date Analyzed: **5-5-15**

Sample Number (DWH number plus five digits)

Date and Time Received: **5/5/15 340**

Date Reported: **5-6-15**

**YOUR RECEIPT
THANK YOU**

08/12/2015 3:37PM 19
000000#3713

DEPT. 01 \$4.95
MATERIAL \$4.95
TAXI \$0.43

CASH \$5.38



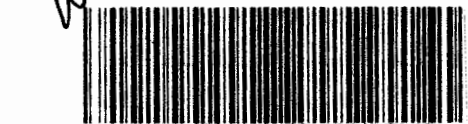
**More saving.
More doing.**

21750 MARKET PLACE NW, POULSBORO, WA
(360) 779-9924, STORE MGR. JON PELLOW

4741 0002 58553 01/28/15 12:34 PM
CASHIER JULIE CHECK OUT 3COT58

8743350 6X8 TARP <A> 11.98

SALES TAX 1.03
TOTAL \$16.01
CASH 20.00
CHANGE DUE 6.99



4741 58 77568 10/20/2010 7046

RETURN POLICY DEFINITIONS			
POLICY ID	DAYS	POLICY EXPIRES ON	
A	1	90	01/18/2011

THE HOME DEPOT RESERVES THE RIGHT TO LIMIT / DENY RETURNS. PLEASE SEE THE RETURN POLICY SIGN IN STORES FOR DETAILS.

GUARANTEED LOW PRICES
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LOWER PRICES STOREWIDE

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**¡PARTICIPE EN UNA
OPORTUNIDAD DE GANAR
UNA TARJETA DE
REGALO DE THD
DE \$5,000!**

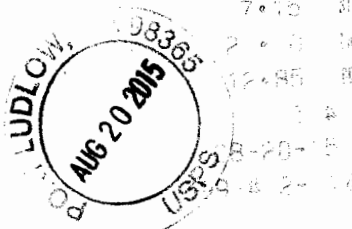
¡Comparta Su Opinión! Complete la breve encuesta sobre su visita a la tienda y tenga la oportunidad de ganar en:

www.homedepot.com/opinion

**User ID:
160166 155483**

**Password:
10520 155425**

Entries must be entered by 11/19/2010. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.



21750 MARKET PLACE NW, POULSBORO, WA
(360) 779-9924

4741 0002 58553 01/28/15 12:57 PM
CASHIER JULIE - JS3600

073590471000 ROLLED ROOF <A> 49.90
MIN GID - CHARCOAL
032888076358 PVC BALL VALVE <A> 5.15
1" PVC BALL VALVE SLIP SCH40
049081131784 1" M. ADAPTER <A> 0.62
1" PVC MALE ADAPTER SKMPT
044752339360 WETD3/ 80Z <A> 6.29
CHRISTY WET DRY PVC CEMENT 8 OZ
032888646353 PVC UNION <A> 4.98
1" PVC UNION SLIP SLIP SCH80
0000-254-977 1INX2FT PVC <A> 1.57
1"X2' PVC PIPE

SUBTOTAL 68.61
SALES TAX 5.96
TOTAL \$74.57
XXXXXXXXXX8502 VISA 74.57
AUTH CODE 055880/5021715 TA



4741 02 58553 01/28/2015 7753

RETURN POLICY DEFINITIONS		
POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90 04/28/2015

THE HOME DEPOT RESERVES THE RIGHT TO



ToLo

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21750 MARKET PLACE NW, POULSBORO, WA
(360) 779-9924

4741 00002 63293 01/29/15 01:51 PM
CASHIER JULIE - JS5600

093945306863 GO C&D 32OZ <A>	5.97
GO POWER CLEANER & DEGREASER 32 OZ	
096037122891 CEDAR SIS2E <A>	
3/4X6-8FT STK SIS2E CEDAR BOARD	
5013.23	66.15

SUBTOTAL	72.12
SALES TAX	6.26
TOTAL	\$78.38
XXXXXXXXXXXX8502 VISA	78.38
AUTH CODE: 055159/5021908	TA



4741 02 63293 01/29/2015 0308

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	04/29/2015

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LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.



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21750 MARKET PLACE NW, POULSB0,WA
(360)779-9924

4741 00059 43436 05/05/15 01:56 PM
CASHIER SELF CHECK OUT - SCOT59

014045310444 TORCH KIT <A>	49.97
BERNZOMATIC TS8000 TORCH KIT	
044600307695 CLX BLCH <A>	2.38
CLOROX LIQUID ULTRA BLEACH 640Z	
042854323010 HDX SPRAYER <A>	1.38
HDX ALL PURPOSE WIDE MOUTH SPRAYER	
NLP Savings	\$0.34

SUBTOTAL	53.73
SALES TAX	4.66
TOTAL	\$58.39
XXXXXXXXXXXX9485 DEBIT	58.39

AUTH CODE 730024

NEW LOWER PRICE (NLP)SAVINGS \$0.34



4741 59 43436 05/05/2015 5969

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	08/03/2015

THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

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the brief survey about your store visit
and enter for a chance to win at:

www.homedepot.com/opinion

COMPARTA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:
2PX2 91902 87220

Password:
15255 87161

Entries must be entered by 06/04/2015.

CLASS A & B - WATER COMPANIES
2014
ANNUAL REPORT

FOR

T & T Professional Services

(NAME UNDER WHICH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)

111 Sparrow Court

(OFFICIAL MAILING ADDRESS)

Port Ludlow

(CITY)

WA

(STATE)

98365

(ZIP)

Please check if address listed above is an updated address

Report Year Ended: December 31, 2014

Inquiries concerning this Annual Report should be addressed to:

Name/Title: Cheri Thurston- Operation Director
Address: 111 Sparrow Court
City: Port Ludlow
State/Zip: WA, 98365
Telephone: 3604370540
Email: Cheri_Thurston@msn.com

SUBMIT TO:

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO Box 47250
Olympia, WA 98504-7250

File online: www.utc.wa.gov

WASHINGTON

UTC

UTILITIES AND TRANSPORTATION
COMMISSION

REPORT MUST BE RECEIVED NO LATER THAN MAY 1, 2015

Please refer to the instructions for Completing the Annual Report on Page 2

COMPANY INFORMATION

Water and Wastewater Management Services, LLC

(NAME UNDER WHICH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)

Washington Unified Business Identifier (UBI) No.: 603166274

(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)

Business Structure (please check the appropriate designation):

Individual / Sole Proprietor Partnership Other (LP, LLP, LLC) Corporation Nonprofit Corporation

Telephone Number: 3604370540 Fax Number: 3603431190

E-Mail or Web Address: Cheri_Thurston@msn.com

Date Utility First Organized: 2012

Location of Books & Records: 111 Sparrow Court

City: Port Ludlow State: WA Zip: 98365

Method of Accounting: Cash Accrual

Certificate Number: 9752

PERSONNEL AND OWNERSHIP

Title	Name	% Owner	Principal Business Address	Phone #
Certified Water Manager	Terry Hauser		111 Sparrow Court Port Ludlow, WA 98365	3604370540
Emergency Response Personnel	Bob Thurston		111 Sparrow Court Port Ludlow, WA 98365	3604370540
	Terry Hauser		111 Sparrow Court Port Ludlow, WA 98365	3604370540
	Zac Christensen		111 Sparrow Court Port Ludlow, WA 98365	3604370540
	Cheri Thurston		111 Sparrow Court Port Ludlow, WA 98365	3604370540
Owners: Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the company.	Cheri Thurston	#####	111 Sparrow Court Port Ludlow, WA 98365	3604370540

INCOME STATEMENT

(For the Calendar Year 2014)

Line	Account #	Account Name	Water	Other	Total Company
(L)	(a)	(b)	(c)	(d)	(c)+(d) = (e)
Revenues					
1	400	Operating Revenue	\$5,975		\$5,975
2	471	Misc. Revenue Accounts			\$0
3	474	Other Revenue Accounts			\$0
4		<i>Utility Operating Revenue (Add L1 thru L3)</i>	<u>\$5,975</u>	<u>\$0</u>	<u>\$5,975</u>
Expenses					
5	401	Operating Expense Accounts	\$6,773		\$6,773
6	403	Depreciation Expense	\$0		\$0
7	406	Amortization Expense			\$0
8	408	Other Tax & License	\$235		\$235
9	409	Federal Income Taxes	\$496		\$496
10		<i>Utility Operating Expense (Add L5 to L9)</i>	<u>\$7,504</u>	<u>\$0</u>	<u>\$7,504</u>
11		<i>Utility Operating Income (Loss) (L4 minus L10)</i>	<u>-\$1,529</u>	<u>\$0</u>	<u>-\$1,529</u>
Other Income and Deductions					
Other Income:					
12	414	Gain (Loss) From Disposition of Plant	\$0		\$0
13	415-416	Jobbing and Contract Work	\$0		\$0
14	419	Interest & Dividend Income	\$0		\$0
15	421	Nonutility Income	\$0		\$0
16		<i>Total Other Income (Add L12 thru L15)</i>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Other Deductions:					
17	426	Miscellaneous Nonutility Expenses	\$0		\$0
18	427	Interest Expense	\$0		\$0
19	433	Extraordinary Income/Deduction	\$0		\$0
20		<i>Total Other Deductions (Add L17 thru L19)</i>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
21		<i>Net Income (Loss) (Add L11 plus L16 minus L20)</i>	<u>-\$1,529</u>	<u>\$0</u>	<u>-\$1,529</u>

**BALANCE SHEET
TOTAL COMPANY**

Line No. (L)	Acct No. (a)	Account Names (b)	2014 Current Year (c)
Assets:			
1	101	Utility Plant	\$0
2	104	Utility Plant Purchased or Sold	\$0
3	108	Less: Accumulated Depreciation	\$0
4	110	Accumulated Amortization	\$0
5	114	Utility Plant Acquisition Adjustment	\$0
6		<i>Net Utility Plant</i> (Add L1 thru L5)	\$0
7	124	Utility Investments	\$0
8	127	Special Funds (Surcharges, Facility Charges)	\$0
9	131	Cash	\$0
10	141	Customer Accounts Receivable	\$0
11	151	Plant Materials and Supplies	\$0
12	162	Prepayments	\$0
13	186	Other Deferred Debits	\$0
14		Other Assets (specify)	\$0
15		Total Assets (Add L6 thru L14)	\$0
Equity Capital and Liabilities			
16	201-204	Capital Stock Issued	\$0
17	211	Other Paid In Capital	\$0
18	214-215	Retained Earnings	\$0
19	218	Proprietary Capital	\$0
20		<i>Total Equity Capital</i> (Add L16 thru L19)	\$0
<i>Interest Rate:</i>			
21	224	Long-Term Debt	\$0
22	231	Accounts Payable	\$0
23	232	Notes Payable	\$0
24	235	Customer Deposits	\$0
25	236	Accrued Taxes	\$0
26	253	Other Deferred Credits	\$0
27	265	Miscellaneous Operating Reserves	\$0
28	271	Contributions in Aid of Construction (CIAC)	\$0
29	272	Less: Accumulated Amortization of CIAC	\$0
30		Other Liabilities (Specify)	\$0
31		Total Liabilities (Add L21 thru L30)	\$0
32		Total Equity, Capital and Liabilities (Add L20 and L31)	\$0

Note: Line 15 MUST equal Line 32

WATER UTILITY PLAN (Account 101)

Line No. (L)	Acct No. (a)	Account Name (b)	Balance Begin Year (c)	Additions (d)	Retirements (e)	Balance End Year (f)
1	301	Organization				\$0
2	302	Franchises				\$0
3	303	Land and Water Rights				\$0
4	304	Structures & Improvements				\$0
5	305	Collecting & Impounding Reservoirs				\$0
6	306	Lake, River, and other intakes				\$0
7	307	Wells and Springs				\$0
8	309	Supply Mains				\$0
9	310	Power Generation Equipment				\$0
10	311	Pumping Equipment				\$0
11	320	Water Treatment Equipment				\$0
12	330	Distribution Reservoirs & Tanks				\$0
13	331	Transmission & Distribution Mains				\$0
14	333	Service Connections				\$0
15	334	Meters and Meter Installation				\$0
16	335	Hydrants				\$0
17	339	Other Plant & Misc. Equipment				\$0
18	340	Office Furniture & Equipment				\$0
19	341	Transportation Equipment				\$0
20	343	Tools, Shop and Garage Equipment				\$0
21	345	Power Operated Equipment				\$0
22	346	Communication Equipment				\$0
23	348	Other Tangible Plant				\$0
24		Water System Plan				\$0
25	101	Utility Plant Total (Add L1 thru24)	\$0	\$0	\$0	\$0

SOURCES OF CONTRIBUTIONS IN AID OF CONSTRUCTION (CIAC)

Report below all plant, equipment, and monies (connection charges, facilities charges, and surcharges) received during the year for capital plant

	Description of Charges (a)	# of Connections (b)	Cost or Charge per Connection (c)	CIAC Amount Received (d)
26				
27				
28				
29				
30				
31				
32				
33	Annual Total CIAC Collected (add L26 thru L32)	0	\$0	\$0

CUSTOMER COUNT SUMMARY

Line No. (L)	Description (a)	Number at Beginning of Year (b)	New Services (c)	Number at End of Year (d)	Temporary (e)
1	Total Unmetered				
2	Total Metered				
3	Master Meter - Single Customer Billed				
4	Master Meter - Multiple Customers Billed				
5	Other Services (Ready to Serve, etc.)				
6	Total Customers (Add L1 thru L5)	0	0	0	0

WATER CATEGORY SUMMARY

Month (a)	PURCHASED or SURFACE WATER Cubic Feet (b)	GROUND WATER (Wells) Cubic Feet (c)	TOTAL FROM ALL CATEGORIES Cubic Feet (b)+(c)=(d)	LOSS or WASTAGE Cubic Feet (e)	WATER SOLD TO CUSTOMERS Cubic Feet (f)
7 January			0		1,795
8 February			0		1,795
9 March			0		1,795
10 April			0		1,795
11 May			0		1,795
12 June			0		1,795
13 July			0		1,795
14 August			0		1,795
15 September			0		1,795
16 October			0		1,795
17 November			0		1,795
18 December			0		1,795
19 Total (Add L7 thru L18)	0	0	0	0	21540

- (d) - Category Master Meters Records
- (e) - Category Leakage or Wastage of Water
- (f) - Individual Customer Meter Records

CONVERSION: 1 cubic foot = 7.48 gallons

CONSOLIDATED STATEMENTS OF CASH FLOWS

Line No (L)	Acct No (a)	(b)	2014 Current Year (d)
OPERATING ACTIVITIES			
1	400	Cash Operating Revenues	\$5,975
2	414	Gain (Loss) Disposition Of Utility Property	\$0
3	419	Interest & Dividend Income	\$0
4		Other Cash Revenues	\$0
5		<i>Total Operating Cash Inflows (Add L1 thru L4)</i>	<u>\$5,975</u>
6	601	Salaries and Wages - Employees	\$908
7	603	Salaries and Wages - Officers	
8	604	Employee Pensions and Benefits	
9	615	Purchased Power	\$1,923
10	618	Chemicals	
11	620	Materials and Supplies	\$104
12	631	Contractual Engineer	
13	632	Contractual Accounting	
14	633	Contractual Legal	
15	634	Contractual Management/SMA	
16	635	Testing	\$168
17	641	Rental of Building/Real Property	
18	650	Transportation Expense	\$599
19	655	Insurance Expense	\$1,854
20	665	WUTC Regulatory, Fees	
21	666	WUTC Regulatory, Rate Case Expense	
22	670	Bad Debt Expense	
23	675	Travel/ Education/ Bank/ CCR	
24	675	Office/ Postage / Phone	\$194
25	675	Repairs & Maintenance	\$527
26	401	<i>Utility Operating Expenses (Add L6 thru L25)</i>	<u>\$6,277</u>
27	408	Utility Excise Tax	
28	408	Property Tax	
29	408	Payroll Tax	
30	408	Other Tax, License & Regulatory Fees	
31	409	Federal Income Taxes	\$498
32		<i>Total Operating Cash Outflows (Add L26 thru L31)</i>	<u>\$6,773</u>
33		Net Cash, Operating Activities (L5 minus L32)	<u>-\$798</u>
INVESTING ACTIVITIES			
34	101	Additions to Property, Plant and Equipment	
35		Sale/(Purchase) of Short-term Investments	
36		Service Connection/Facilities Charge/Contribution	
37		Cash/Other	
38		Net Cash, Investing Activities (Add L34 thru L37)	<u>\$0</u>
FINANCING ACTIVITIES			
39		Principal Payments on Current Debt	
40		Proceeds From Issuance of Current Debt	
41		Principal Payments on Long-term Debt	
42		Proceeds From Issuance of Long-term Debt	
43		Interest Paid on Debt	
44		<i>Net Cash, Financing Activities (Add L39 thru L43)</i>	<u>\$0</u>
45		NET CHANGE IN CASH (Add L33, L38 & L44)	<u>-\$798</u>
46		CASH BALANCE BEGINNING OF YEAR	
47		CASH BALANCE END OF YEAR (Add L45 & L46)	<u>-\$798</u>

MANAGEMENT DISCUSSION

Management discussion and analysis of Financial Condition and Results of Operation for the calendar year ending December 31, 2014. Include any new system(s) added or removed from the company, DOH WFI number, and the date of purchase or sale.

June 17, 2014 Want to deed wells to the Home owners and decommission from the UTC- Close Business

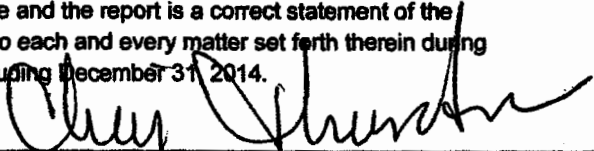
CERTIFICATION

I, Cheri Thurston makes oath and says that he/she is
(Name of Officer)

Operations Director of
(Official Title of Officer)

Water and Wastewater Management Services, LLC
(Exact Legal Title or Name of Company)

that he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the report are true and the report is a correct statement of the business affairs of the above named company in respect to each and every matter set forth therein during the period from and including January 1, 2014, to and including December 31, 2014.



(Signature of officer)

6-8-15

Date

State of Washington

County of Jefferson

WAC 480-110-575 Reporting of affiliated interest transactions.

(1) Each Class A water company must file an annual report summarizing all transactions, except for transactions provided at tariff rates, that occurred between the company and its affiliated interests, and the company and its subsidiaries. The report is due one hundred twenty days from the end of the company's reporting period, whether a fiscal or calendar year. The report must include a corporate organization chart of the company and its affiliated interests and subsidiaries.

(2) When total transactions with an affiliated interest or a subsidiary are less than twenty-five thousand dollars for the reporting period, the company must provide the name of the affiliated interest or subsidiary participating in the transactions and the total dollar amounts of the transactions. When total transactions with an affiliated interest or subsidiary equal or exceed twenty-five thousand dollars for the reporting period, the company must provide:

- (a) A balance sheet and income statement for such affiliated interest;
- (b) A description of the products or services provided to or from the company and each such affiliated interest or subsidiary;
- (c) A description of the pricing basis or costing method, and procedures for allocating costs for such products or services, and the amount and accounts charged during the year;
- (d) A description of the terms of any loans between the company and each such affiliated interest or subsidiary and a listing of the year-end loan amounts and maximum loan amounts outstanding during the year;
- (e) A description of the terms and total amount of any obligation or liability assumed by the company for each such affiliated interest or subsidiary;
- (f) A description of the activities of each such affiliated interest or subsidiary with which the company has transactions; and
- (g) A list of all common officers and directors between the water company and each such affiliated interest or subsidiary, along with their titles in each organization.

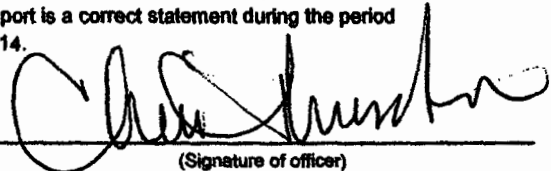
(3) The report required in this section supersedes the reporting requirements contained in previous commission orders authorizing affiliated interest transactions pursuant to chapter 80.16 RCW.

(4) The company is obligated to file verified copies of affiliated interest contracts and arrangements as stated in WAC 480-110-545 (Affiliated interests -- Contracts and arrangements).

CERTIFICATION

I, Cheri Thurston makes oath and says that he/she is
(Name of Officer)
Operations Director of
(Official Title of Officer)
Water and Wastewater Management Services, LLC
(Exact legal title or name of company)

that he/she has examined the foregoing affiliated interest report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the report are true and the report is a correct statement during the period from and including January 1, 2014 to and including December 31, 2014.


(Signature of officer)

6-8-15
Date

State of WA
County of Snohomish

**Typical Average Service Lives
Salvage Rates, and Depreciation Rates
Water Utilities**

NARUC (1996) Account Numbers Class A B C	Class of Plant Source of Supply Plant	Average	Net	Depreciation	
		Service	Salvage	Rate	
		Lives Years **	Percent %	Short	Long
301	Organization	XXX		XXX	XXX
302	Franchises	XXX		XXX	XXX
303	Land and Water Rights	XXX		XXX	XXX
304	Structures and Improvements	35-40		2.86%	2.50%
305	Collect. and Impounding Res.	50-75		2.00%	1.33%
306	Lake, River and Other Intakes	35-45		2.76%	2.22%
307	Wells and Springs	25-35		4.00%	2.86%
308	Infiltration Galleries and Tunnels	25-50		4.00%	2.00%
309	Supply Mains	50-75		2.00%	1.33%
310	Power Generation Equipment	10-15		10.00%	6.67%
<u>Pumping Plant</u>					
304	Structures and Improvements	35-40		2.86%	2.50%
311	Pumping Equipment	20			5.00%
311	Other Pumping Plant	25			4.00%
<u>Water Treatment Plant</u>					
304	Structures and Improvements	35-40		2.86%	2.50%
320	Water Treatment Equipment	20-35		5.00%	2.86%
<u>Transmission and Distribution Plant</u>					
304	Structures and Improvements	35-40		2.86%	2.50%
330	Distribution Reservoirs and Tanks	30-60		3.33%	1.67%
331	Trans. and Dist. Mains	50-75		2.00%	1.33%
331	Fire Mains	50-75		2.00%	1.33%
333	Service Connections	30-50		3.33%	2.00%
334	Meters	20-25	10	5.00%	4.00%
334	Meter Installations	40-60		2.50%	1.67%
335	Hydrants	40-60	5	2.50%	1.67%
<u>General Plant</u>					
304	Structures and Improvements	35-40		2.86%	2.50%
339	Other Plant	40-60		2.50%	1.67%
340	Office Furniture and Equipment	20-25	5	5.00%	4.00%
341	Transportation Equipment	7	10		14.30%
342	Stores and Equipment	20			5.00%
343	Tools, Shop and Garage Equip.	15-20	5	6.67%	5.00%
344	Laboratory Equipment	15-20		6.67%	5.00%
345	Power Operated Equipment	10-15	10	10.00%	6.67%
346	Communication Equipment	10	10		10.00%
347	Miscellaneous Equipment	10	10		10.00%
348	Other Plant Assets	10	10		10.00%
348	Water System Plan	6	10		16.67%

** These lives are intended as a guide; longer or shorter lives should be used if experience shows it is warranted.

REGULATORY FEE CALCULATION SCHEDULE

Due May 1, 2015

Company Name T & T Professional Services Annual Report Year **2014**

In accordance with RCW 80.24.010 "Regulatory Fees", the Commission requires water companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate revenue for the preceding year and pay to the Commission a fee as instructed below.

Regulatory Fee Calculations

1 Total Gross Intrastate Operating Revenue**			
2 Less Non Fee-Paying Revenue (Include details on separate page for non-paying revenue)			
3 Balance-Adjusted Gross Intrastate Operating Revenue (Line 1 minus Line 2)			\$0.00
4a If Line 3 is UNDER \$50,000, enter amount from Line 3 and proceed to Line 5	x	0.001	\$0.00
4b If Line 3 is OVER \$50,000 enter amount from Line 3			
4c First \$50,0000 is subject to .1% regulatory fee	x	0.001	\$0.00
4d Remainder of gross intrastate revenue subject to .2% (Line 4b minus Line 4c)	x	0.002	\$0.00
5 Total Regulatory Fees owed (enter Line 4a, or add 4c and 4d)			
<i>Agency Use Only 001-111-0268-160-01</i>			

Penalty & Interest Calculations

6 Penalties on Regulatory Fees being paid after May 1			
6a Total Penalties on Regulatory Fees owed (enter amount from Line 5 x 2%)	x	0.02	\$0.00
7 Interest on Regulatory Fees being paid after May 31			
7a Amount from Line 5 x Number of months past May 31 x 1%	x	x 0.01	\$0.00
8 Total Penalties and Interest owed (Line 6a plus Line 7a)			\$0.00
9 Total Regulatory, Penalties and Interest Fees Due (Line 5 plus Line 8)			\$0.00
<i>Agency Use Only 001-111-0268-160-11</i>			

****Note:** Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs, and contracts on file at the Washington Utilities and Transportation Commission. The revenues subject to the commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

COMMISSION USE ONLY

Reception #: _____ 001-111-0268-160-01 _____

Reference: AR2014 001-111-0268-160-11 _____

Payment ID: _____ 001-111-0268-032-20 _____

Total Paid: _____

PAYMENT INFORMATION

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

Check / Money Order

Online Payment Confirmation Number: _____

Credit Card Card Type: _____

CC#

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Exp Date - MM/YYYY: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the total amount due as shown on the regulatory fee calculation schedule according to the card issuer agreement.

Name: _____ Title: _____

Signature _____ Date: _____

END OF REPORT

ANNUAL REPORT CERTIFICATION

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

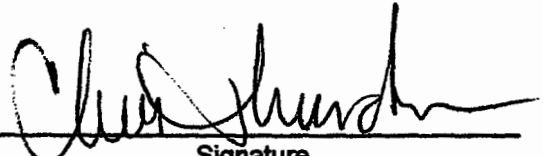
Person who prepared this report: Cheri Thurston
Title: Operations Dcirector
Telephone: 360-437-0540
Principal Business Address: 111 Sparrow Court
City: Port Ludlow State: WA Zip: 98365

I, the undersigned Cheri Thurston
Responsible Account Officer (Please Print)
of T&T Professional Services Closed12/31/12
Name of Company

have examined the foregoing report; that, to the best of my knowledge and belief, all statement of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2014, to December 31, 2014, inclusive.

Operation Director
Title
(please print)

3604370540
Telephone Number


Signature
(please type if filing electronically)

6/8/2015
Date

Letter of water leak
repair - Approx. \$1800
Parts and machine hours - 180
+ man hours on a Saturday

From: cheri_thurston@msn.com

To: tolohouse@sounddsl.com; kanicker@gmail.com; rmoeur@hotmail.com; jm.jensen@live.com;
mkfearey@msn.com; camburn40@comcast.net; linnea_lauer@msn.com

Subject: On Saturday July 9th, 2011, (Today) you will not have water service and or limited driveway service in or out of your home after 10:00am.

Date: Sat, 9 Jul 2011 10:04:40 -0700

For those of you that I have personally contacted this email is just a confirmation message...

Please contact me at #360-301-1967 or #360 437-0540 ASAP, if you have any questions or concerns.

We are sorry for the late notice, but we had to wait for confirmation from others, and make sure we had all the components' for fixing the leak today. (which didn't happen until early this morning.)

We have attempted to call all of the numbers that we have listed for you and left a message or spoke with you personally. This email is just another way of letting you know that you will not have water service today (7-9-11) around 10:00am, and limited if any in and out driveway access, until we have hopefully located and fixed the leak.

Please understand, that contacting the Department of Health, Kitsap County, UTC etc, will be of no assistants to you. We as always are following all of the law requirements, testing and guidelines we are required to follow to operate your water system. (IE: Fixing/Finding Water Leaks)

We are just as frustrated as you are and want the leak fixed. We would like you to understand that we are paying employees hours, using our own personal time, baring all the cost of finding and fixing the leak, with no way to reclaim these expenses, we would like you to understand that this is a burden to all concerned.

In closing we would like to take this opportunity to let you know that we are certified Water and Waste Water Operators that have been in this business for almost 30 years, it is our job and goal to provide the best service possible (the same kind of service we would require ourselves) to all of our clients, water plants, and waste water plants that we operate.

Your water service or quality is not compromised! The master well meter is not showing any spikes or signs of more than normal usage, as well as no additional power usage, pump run times, starts or strains to the system. This is not a "typical leak" and your system is not a typical system, as it generates no individual metered water usage.

It is our plan to have the funds and time to put in 9 meters for individual water usage for the Piper Water system before the end of the year, and then we will be putting it up for sale.

Thanks to all of you that are so understanding, lets keep our "fingers crossed" that we get it fixed today!

Best Regards,

Cheri Thurston T&T Professional Services

Operations Manager

111 Sparrow Court

Port Ludlow, WA 98365

(360)-437-0540 Cell:(360) 301-1967

Email:Cheri_Thurston@msn.com

STATEMENT SUMMARY AS OF Dec 9, 2014

Account No. **200012992083**

Balance as of last billing (dated 11/07/14)
 Thank you for your payment(s) (from 11/08/14 to 12/09/14)
 Balance Forward

Account Balance
 \$51.80
 \$197.54 CR
 \$145.74 CR

Current Charges

\$22.49

CURRENT TOTAL AS OF Dec 9, 2014

\$123.25 CR

Statement Due Date Dec 30, 2014

AMOUNT DUE THIS STATEMENT

\$0.00

You have a credit balance on your account. This will be applied toward future charges.

On Dec. 1, your electric rate decreased due to lower power costs. Your bill this month also includes the itemized *Jefferson PUD Sale Credit*, which passes through a portion of the proceeds from PSE's sale of the electric system that previously served a portion of Jefferson County. The one-time credit is based on December energy-use charges.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	42241	42116	12/08	11/06	1	125			ACTL	
11/07/14 12/08/14	Basic Charge										\$10.16
11/07/14 12/08/14	Basic Charge										\$0.00
11/07/14 12/08/14	Electric Energy Charge										125 kWh @ \$0.095073 Per kWh \$11.88
11/07/14 12/08/14	Electric Cons. Program Charge										125 kWh @ \$0.004620 Per kWh \$0.58
11/07/14 11/30/14	Power Cost Adjustment										93.75 kWh @ \$0.000490CR Per kWh \$0.05 CR
12/01/14 12/08/14	Power Cost Adjustment										31.25 kWh @ \$0.001375CR Per kWh \$0.04 CR
11/07/14 12/08/14	Merger Credit										125 kWh @ \$0.000303CR Per kWh \$0.04 CR
11/07/14 12/08/14	Federal Wind Power Credit										125 kWh @ \$0.002642CR Per kWh \$0.33 CR
11/07/14 11/30/14	Jefferson PUD Sale Credit										93.75 kWh @ \$0.000000 Per kWh \$0.00
12/01/14 12/08/14	Jefferson PUD Sale Credit										31.25 kWh @ \$0.029476CR Per kWh \$0.92 CR
11/07/14 12/08/14	Renewable Energy Credit										125 kWh @ \$0.000763CR Per kWh \$0.10 CR
11/07/14 12/08/14	Effect of Bainbridge Island City Tax										\$21.14 @ \$0.063700 Per Dollar \$1.35
Current Electric Charges											\$22.49

A rate change became effective during this billing period. The listed rate item(s) that changed shows the dates, prices and charges for each portion of the bill period that they were in effect.

Copies of the rate schedules are available upon request.

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$0.82.

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment

4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Total Amount Due

NONE

Please make checks payable to Puget Sound Energy



Account: 200012992083

Current Bill Due Date

Dec 30, 2014



023047 1 AT 0.406

H053

WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 BOT-01H
 P.O. Box 91269
 Bellevue, WA 98009- 9269

059209

00625000765597 0001 01 00200012992083 000000002249 000000000000

STATEMENT SUMMARY AS OF Jan 9, 2015

Account No.	200012992083
Account Balance	\$123.25 CR
Balance as of last billing (dated 12/09/14)	\$123.25 CR
Balance Forward	\$123.25 CR
Current Charges	\$20.42
CURRENT TOTAL AS OF Jan 9, 2015	\$102.83 CR

Statement Due Date Jan 30, 2015

AMOUNT DUE THIS STATEMENT \$0.00

You have a credit balance on your account. This will be applied toward future charges.
Your bill this month reflects changes in rates that went into effect Jan 1.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	42365	42241	01/08	12/08	1	124			ACTL	
12/09/14 01/08/15											\$10.16
12/09/14 01/08/15											\$0.00
12/09/14 01/08/15							124 kWh @ \$0.095073 Per kWh				\$11.79
12/09/14 01/08/15							124 kWh @ \$0.004620 Per kWh				\$0.57
12/09/14 01/08/15							124 kWh @ \$0.001375CR Per kWh				\$0.17 CR
12/09/14 12/31/14							92 kWh @ \$0.000303CR Per kWh				\$0.03 CR
01/01/15 01/08/15							32 kWh @ \$0.000315CR Per kWh				\$0.01 CR
12/09/14 12/31/14							92 kWh @ \$0.002642CR Per kWh				\$0.24 CR
01/01/15 01/08/15							32 kWh @ \$0.002478CR Per kWh				\$0.08 CR
12/09/14 12/31/14							92 kWh @ \$0.029476CR Per kWh				\$2.71 CR
01/01/15 01/08/15							32 kWh @ \$0.000000 Per kWh				\$0.00
12/09/14 12/31/14							92 kWh @ \$0.000763CR Per kWh				\$0.07 CR
01/01/15 01/08/15							32 kWh @ \$0.000165CR Per kWh				\$0.01 CR
12/09/14 01/08/15							\$19.20 @ \$0.063700 Per Dollar				\$1.22
Current Electric Charges											\$20.42

A rate change became effective during this billing period. The listed rate item(s) that changed shows the dates, prices and charges for each portion of the bill period that they were in effect.

Copies of the rate schedules are available upon request.

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$0.74.

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND



Account: 200012992083

Current Bill Due Date
Jan 30, 2015

Total Amount Due
NONE

Please make checks payable to Puget Sound Energy



022176 1 AT 0.406 H053
WATER AND WASTEWATER MANAGEMENT SERVICES
111 SPARROW CT
PORT LUDLOW WA 98365-9667

Puget Sound Energy
BOT-01H
P.O. Box 91269
Bellevue, WA 98009- 9269

062902

00623000817078 0001 01 00200012992083 000000002042 000000000000

STATEMENT SUMMARY AS OF Feb 9, 2015

Account No.	200012992083
Account Balance	\$102.83 CR
Balance as of last billing (dated 01/09/15)	\$102.83 CR
Balance Forward	\$102.83 CR
Current Charges	\$31.20
CURRENT TOTAL AS OF Feb 9, 2015	\$71.63 CR

Statement Due Date Mar 2, 2015

AMOUNT DUE THIS STATEMENT \$0.00

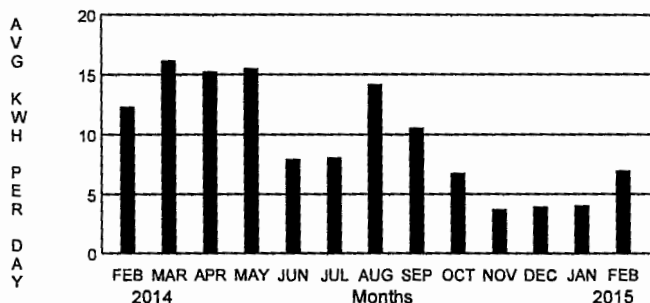
You have a credit balance on your account. This will be applied toward future charges.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	42566	42365	02/06	01/08	1	201			ACTL	
01/09/15 02/06/15											\$10.16
01/09/15 02/06/15											\$0.00
01/09/15 02/06/15							201 kWh @ \$0.095073 Per kWh				\$19.11
01/09/15 02/06/15							201 kWh @ \$0.004620 Per kWh				\$0.93
01/09/15 02/06/15							201 kWh @ \$0.001375CR Per kWh				\$0.28 CR
01/09/15 02/06/15							201 kWh @ \$0.000315CR Per kWh				\$0.06 CR
01/09/15 02/06/15							201 kWh @ \$0.002478CR Per kWh				\$0.50 CR
01/09/15 02/06/15							201 kWh @ \$0.000000 Per kWh				\$0.00
01/09/15 02/06/15							201 kWh @ \$0.000165CR Per kWh				\$0.03 CR
01/09/15 02/06/15							\$29.33 @ \$0.063700 Per Dollar				\$1.87
Current Electric Charges											\$31.20

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$1.14.



For Bill Period	This Year	Last Year	Change
JAN-FEB			
No. of days	29	29	0
KWH	201.0	357.0	-156.0
Avg KWH per day	6.9	12.3	-5.4
Avg. temp. per day	45F	39F	6F

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here and return this portion with your payment **4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND**



Account: 200012992083

Current Bill Due Date Mar 2, 2015

Total Amount Due NONE

Please make checks payable to Puget Sound Energy



022170 1 AT 0.406 H053
 WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 BOT-01H
 P.O. Box 91269
 Bellevue, WA 98009-9269

041230

00624000842857 0001 01 00200012992083 000000003120 000000000000

STATEMENT SUMMARY AS OF Mar 11, 2015

Account No.	200012992083
Account Balance	\$71.63 CR
Balance as of last billing (dated 02/09/15)	\$71.63 CR
Balance Forward	\$71.63 CR
Current Charges	\$43.06
CURRENT TOTAL AS OF Mar 11, 2015	\$28.57 CR

Statement Due Date Mar 31, 2015

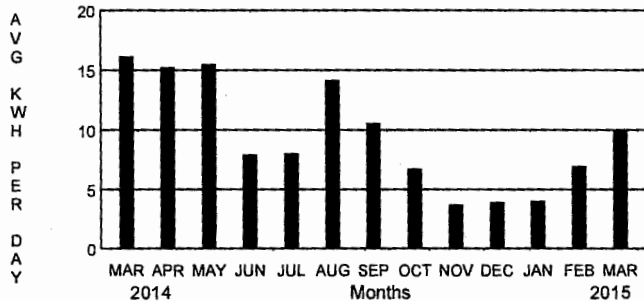
AMOUNT DUE THIS STATEMENT \$0.00

You have a credit balance on your account. This will be applied toward future charges.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	42884	42566	03/10	02/06	1	318			ACTL	
02/07/15 03/10/15											\$10.16
02/07/15 03/10/15											\$0.00
02/07/15 03/10/15							318 kWh @ \$0.095073 Per kWh				\$30.23
02/07/15 03/10/15							318 kWh @ \$0.004620 Per kWh				\$1.47
02/07/15 03/10/15							318 kWh @ \$0.001375CR Per kWh				\$0.44 CR
02/07/15 03/10/15							318 kWh @ \$0.000315CR Per kWh				\$0.10 CR
02/07/15 03/10/15							318 kWh @ \$0.002478CR Per kWh				\$0.79 CR
02/07/15 03/10/15							318 kWh @ \$0.000000 Per kWh				\$0.00
02/07/15 03/10/15							318 kWh @ \$0.000165CR Per kWh				\$0.05 CR
02/07/15 03/10/15							\$40.48 @ \$0.063700 Per Dollar				\$2.58
Current Electric Charges											\$43.06

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.
 A 3.873% state utility tax is included in electric rates charged, approximately \$1.57.



For Bill Period	This Year	Last Year	Change
FEB-MAR			
No. of days	32	32	0
KWH	318.0	516.0	-198.0
Avg KWH per day	9.9	16.1	-6.2
Avg. temp. per day	46F	43F	3F

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment **4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND**



Account: 200012992083

Current Bill Due Date
Mar 31, 2015

Total Amount Due
NONE

Please make checks payable to Puget Sound Energy



022902 1 AT 0.406 H053
 WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 BOT-01H
 P.O. Box 91269
 Bellevue, WA 98009- 9269

042927

00606000889501 0001 01 00200012992083 000000004306 000000000000

STATEMENT SUMMARY AS OF Apr 9, 2015

Account No.	200012992083
Account Balance	\$28.57 CR
Balance as of last billing (dated 03/11/15)	\$28.57 CR
Balance Forward	\$28.57 CR
Current Charges	\$22.67
CURRENT TOTAL AS OF Apr 9, 2015	\$5.90 CR

Statement Due Date Apr 29, 2015

AMOUNT DUE THIS STATEMENT	\$0.00
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You have a credit balance on your account. This will be applied toward future charges.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	43002	42884	04/08	03/10	1	118			ACTL	
03/11/15 04/08/15											\$10.16
03/11/15 04/08/15											\$0.00
03/11/15 03/31/15							85.448 kWh @ \$0.095073 Per kWh				\$8.12
04/01/15 04/08/15							32.552 kWh @ \$0.091932 Per kWh				\$2.99
03/11/15 04/08/15							118 kWh @ \$0.004620 Per kWh				\$0.55
03/11/15 04/08/15							118 kWh @ \$0.001375CR Per kWh				\$0.16 CR
03/11/15 04/08/15							118 kWh @ \$0.000315CR Per kWh				\$0.04 CR
03/11/15 04/08/15							118 kWh @ \$0.002478CR Per kWh				\$0.29 CR
03/11/15 04/08/15							118 kWh @ \$0.000000 Per kWh				\$0.00
03/11/15 04/08/15							118 kWh @ \$0.000165CR Per kWh				\$0.02 CR
03/11/15 04/08/15							\$21.31 @ \$0.063700 Per Dollar				\$1.36
Current Electric Charges											\$22.67

A rate change became effective during this billing period. The listed rate item(s) that changed shows the dates, prices and charges for each portion of the bill period that they were in effect.

Copies of the rate schedules are available upon request.

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$0.83.

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND



Account: 200012992083

Current Bill Due Date
Apr 29, 2015

Total Amount Due
NONE

Please make checks payable to Puget Sound Energy



022236 1 AT 0.406 H053
WATER AND WASTEWATER MANAGEMENT SERVICES
111 SPARROW CT
PORT LUDLOW WA 98365-9667

Puget Sound Energy
BOT-01H
P.O. Box 91269
Bellevue, WA 98009-9269

045194

00620000919652 0001 01 00200012992083 000000002267 000000000000

STATEMENT SUMMARY AS OF May 8, 2015

Account No. 200012992083
Account Balance

Balance as of last billing (dated 04/09/15)	\$5.90 CR
Balance Forward	\$5.90 CR
Current Charges	\$23.91
CURRENT TOTAL AS OF May 8, 2015	\$18.01

Statement Due Date May 29, 2015 **AMOUNT DUE THIS STATEMENT \$18.01**

On May 1, your rates were adjusted to reflect a change in the Conservation Program Charge listed on your bill and to accommodate the annual adjustments made through the existing Revenue Decoupling Adjustment and the Property Tax Tracker rate mechanisms.

On May 1, your electric rate decreased due to the pass-through of the remaining share of the proceeds from PSE's sale of the electric system that previously served a portion of Jefferson County. The credit amount, itemized on your bill as *Jefferson PUD Sale Credit*, is based on electricity used May 1-31, 2015.

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount
24EC	C082924956	43136	43002	05/07	04/08	1	134			ACTL	
04/09/15 05/07/15											\$10.16
04/09/15 05/07/15											\$0.00
04/09/15 04/30/15							101.655 kWh @ \$0.091932 Per kWh				\$9.35
05/01/15 05/07/15							32.345 kWh @ \$0.094309 Per kWh				\$3.05
04/09/15 04/30/15							101.655 kWh @ \$0.004620 Per kWh				\$0.47
05/01/15 05/07/15							32.345 kWh @ \$0.004815 Per kWh				\$0.16
04/09/15 05/07/15							134 kWh @ \$0.001375CR Per kWh				\$0.18 CR
04/09/15 05/07/15							134 kWh @ \$0.000315CR Per kWh				\$0.04 CR
04/09/15 05/07/15							134 kWh @ \$0.002478CR Per kWh				\$0.33 CR
04/09/15 04/30/15							101.655 kWh @ \$0.000000 Per kWh				\$0.00
05/01/15 05/07/15							32.345 kWh @ \$0.004399CR Per kWh				\$0.14 CR
04/09/15 05/07/15							134 kWh @ \$0.000165CR Per kWh				\$0.02 CR
04/09/15 05/07/15							\$22.48 @ \$0.063700 Per Dollar				\$1.43
											\$23.91

Current Electric Charges

A rate change became effective during this billing period. The listed rate item(s) that changed shows the dates, prices and charges for each portion of the bill period that they were in effect.

Copies of the rate schedules are available upon request.

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$0.87.

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment **4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND**



Account: 200012992083

Current Bill Due Date

May 29, 2015

Total Amount Due \$18.01

Please make checks payable to Puget Sound Energy

Yes, I want to give \$_____ to the Warm Home Fund.



022344 1 AT 0.406 H053
 WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 BOT-01H
 P.O. Box 91269
 Bellevue, WA 98009- 9269

064163

00612000969075 0001 01 00200012992083 00000002391 000000001801

STATEMENT SUMMARY AS OF Jun 9, 2015

Account No. 200012992083
Account Balance

Balance as of last billing (dated 05/08/15)	\$18.01
Balance Forward	\$18.01
Current Charges	\$30.96
CURRENT TOTAL AS OF Jun 9, 2015	\$48.97

Statement Due Date Jun 29, 2015

AMOUNT DUE THIS STATEMENT \$48.97

Electric Detail: 4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND

Rate/Dates	Meter Number	Pres Read	Prev Read	Pres Date	Prev Date	Mult	KWH (Usage)	Bill Demand	KVAR Hours	Code	Amount	
24EC	C082924956	43343	43136	06/08	05/07	1	207			ACTL		
05/08/15 06/08/15	Basic Charge										\$10.16	
05/08/15 06/08/15	Basic Charge										\$0.00	
05/08/15 06/08/15	Electric Energy Charge										207 kWh @ \$0.094309 Per kWh	\$19.52
05/08/15 06/08/15	Electric Cons. Program Charge										207 kWh @ \$0.004815 Per kWh	\$1.00
05/08/15 06/08/15	Power Cost Adjustment										207 kWh @ \$0.001375CR Per kWh	\$0.28 CR
05/08/15 06/08/15	Merger Credit										207 kWh @ \$0.000315CR Per kWh	\$0.07 CR
05/08/15 06/08/15	Federal Wind Power Credit										207 kWh @ \$0.002478CR Per kWh	\$0.51 CR
05/08/15 05/31/15	Jefferson PUD Sale Credit										155.25 kWh @ \$0.004399CR Per kWh	\$0.68 CR
06/01/15 06/08/15	Jefferson PUD Sale Credit										51.75 kWh @ \$0.000000 Per kWh	\$0.00
05/08/15 06/08/15	Renewable Energy Credit										207 kWh @ \$0.000165CR Per kWh	\$0.03 CR
05/08/15 06/08/15	Effect of Bainbridge Island City Tax										\$29.11 @ \$0.063700 Per Dollar	\$1.85
Current Electric Charges											\$30.96	

A rate change became effective during this billing period. The listed rate item(s) that changed shows the dates, prices and charges for each portion of the bill period that they were in effect.

Copies of the rate schedules are available upon request.

A late fee of 1% will apply to overdue charges, if any. Please see the reverse side for details on late payment charges.

A 3.873% state utility tax is included in electric rates charged, approximately \$1.13.

For information, emergencies, to report an outage or for changes to your account, please call 1-888-225-5773.

When paying in person, please present both portions. When mailing remittance, please mail to Puget Sound Energy, BOT-01H, P.O. Box 91269, Bellevue, WA 98009-9269

Please detach here ↑ and return this portion with your payment

4795 NE NORTH TOLO RD # WELL, BAINBRIDGE ISLAND



Account: 200012992083

Current Bill Due Date

Jun 29, 2015

Total Amount Due \$48.97

Please make checks payable to Puget Sound Energy

Yes, I want to give \$_____ to the Warm Home Fund.



024118 1 AT 0.416 H053
 WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 BOT-01H
 P.O. Box 91269
 Bellevue, WA 98009- 9269

068392



Account Number: 200012992083
 DUE DATE July 29, 2015
 TOTAL DUE \$103.95

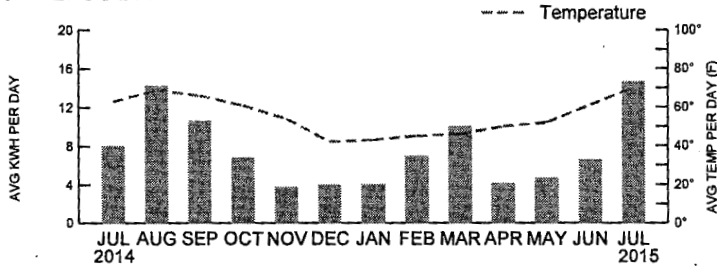
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WATER AND WASTEWATER MANAGEMENT

Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatts	8.00	14.57
Average daily cost	\$1.15	\$1.83
Days in billing cycle	30	30
Average temperature	63°F	70°F

Your Account Summary

Previous Charges:	
Amount of Your Last Bill (dated 6/9/2015)	\$ 48.97
Past Due Amount	\$ 48.97
Current Charges:	
Electric Charges	\$ 54.87
Other Charges or Credits	0.11
Total Current Charges	\$ 54.98
<i>Total includes current and past due charges</i>	
Total	\$ 103.95

Previous charges, if any, are past due.

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

A new look for your bill

Your PSE bill has a new look! We redesigned it based on your feedback. Now you can easily find how much you owe, when it's due and a summary of your usage. Tell us what you think! billredesign@pse.com

How to reach us

Email: customer@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773

Account Number: 200012992083
 DUE DATE July 29, 2015
 TOTAL DUE \$103.95



Your Ways to Pay

- ☑ pse.com to pay online or to find pay station locations
- ✉ Mail this coupon and make check payable to Puget Sound Energy

Yes, I want to give \$ _____
 Warm Home Fund.

018114

36067 1 AT 0.413 H053

WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365



Puget Sound Energy
 P.O. BOX 91269
 Bellevue, WA 98009-9269



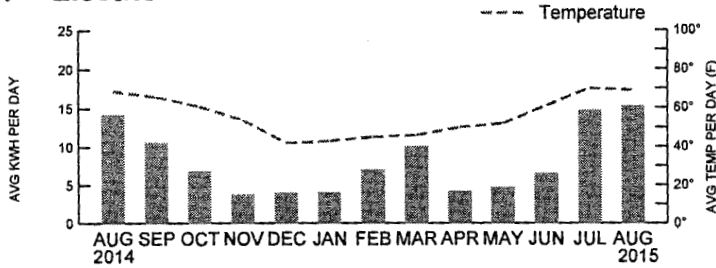
Account Number: 200012992083
 DUE DATE August 28, 2015
 TOTAL DUE \$57.03

Important Information | pse.com | YouTube

WATER AND WASTEWATER MANAGEMENT
 Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatt hours	14.14	15.17
Average daily cost	\$1.76	\$1.89
Days in billing cycle	29	30
Average temperature	69°F	69°F

Your Account Summary

Previous Charges:

Amount of Your Last Bill (dated 7/9/2015)	\$ 103.95
Payment received 7/28/2015 – Thank you!	-103.95
Total Previous Charges	\$ 0.00

Current Charges:

Electric Charges	\$ 56.67
Other Charges or Credits	0.36
Total Current Charges	\$ 57.03

Total includes current and past due charges

Total \$	57.03
-----------------	--------------

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

Thank you for commenting on the bill's new look
 If you haven't yet had a chance to comment on the new look to the bill, we'd appreciate hearing from you.
 Tell us what you think! billredesign@pse.com

How to reach us

Email: customer@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773

Account Number: 200012992083
 DUE DATE August 28, 2015
 TOTAL DUE \$57.03



- I want to donate \$_____ to the Warm Home Fund
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 111 SPARROW CT
 PORT LUDLOW WA 98365

Puget Sound Energy
 P.O. BOX 91269
 Bellevue, WA 98009-9269



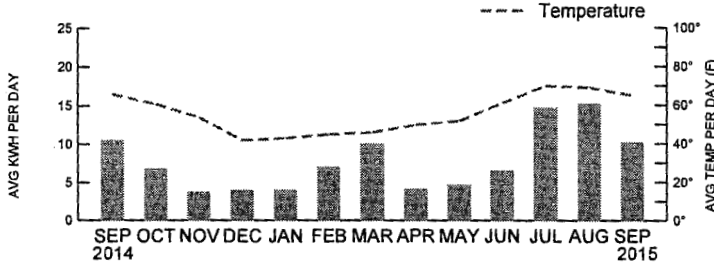
Account Number: 200012992083
 DUE DATE September 29, 2015
 TOTAL DUE \$43.28

Important Information | pse.com |

WATER AND WASTEWATER MANAGEMENT
 Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatt hours	10.55	10.06
Average daily cost	\$1.36	\$1.35
Days in billing cycle	33	32
Average temperature	66°F	65°F

Your Account Summary

Previous Charges:	
Amount of Your Last Bill (dated 8/10/2015)	\$ 57.03
Payment received 9/9/2015 – Thank you!	-57.03
Total Previous Charges	\$ 0.00
Current Charges:	
Electric Charges	\$ 43.28
Total Current Charges	\$ 43.28
<i>Total includes current and past due charges</i>	
Total \$	43.28

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

Be prepared for power outages

It's easier than ever to report and view PSE electric-service outages and restoration efforts in your area from your smartphone or tablet.
pse.com/app

How to reach us

Email: customercare@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773

Account Number: 200012992083
 DUE DATE September 29, 2015
 TOTAL DUE \$43.28



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WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 P.O. BOX 91269
 Bellevue, WA 98009-9269

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Account Number: 200012992083
 DUE DATE December 2, 2015
 TOTAL DUE \$54.06



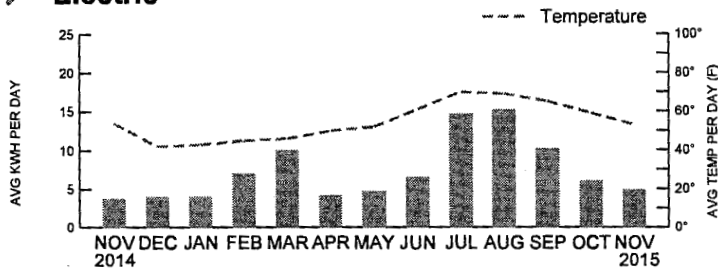
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WATER AND WASTEWATER MANAGEMENT

Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatt hours	3.69	4.80
Average daily cost	\$0.75	\$0.86
Days in billing cycle	29	30
Average temperature	54°F	53°F

Your Account Summary

Previous Charges:	
Amount of Your Last Bill (dated 10/8/2015)	\$ 71.56
Payment received 10/15/2015 – Thank you!	-43.28
Total Previous Charges	\$ 28.28
Current Charges:	
Electric Charges	\$ 25.78
Total Current Charges	\$ 25.78
<i>Total includes current and past due charges</i>	
Total \$	54.06

Previous charges, if any, may be past due.

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

Get help with your heating bill

Depending on income and household size, you may be eligible for free weatherization assistance as well as payment assistance. pse.com/assistance

How to reach us

Email: customercare@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773

Account Number: 200012992083
 DUE DATE December 2, 2015
 TOTAL DUE \$54.06



- I want to donate \$_____ to the Warm Home Fund
- pse.com to pay online or to find pay station locations
- Mail this coupon and make check payable to Puget Sound Energy

019232

37155 1 AT 0.413

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 Bellevue, WA 98009-9269



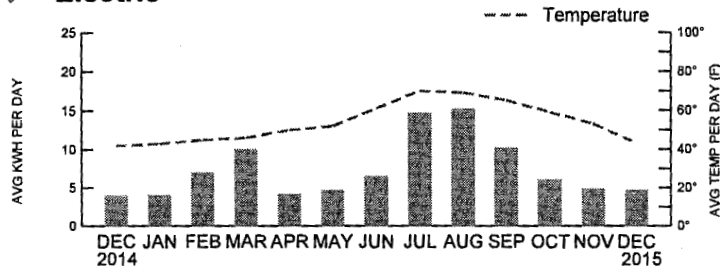
Account Number: 200012992083
 DUE DATE December 30, 2015
 TOTAL DUE \$26.41

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WATER AND WASTEWATER MANAGEMENT
 Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatt hours	3.91	4.63
Average daily cost	\$0.70	\$0.82
Days in billing cycle	32	32
Average temperature	42°F	43°F

Your Account Summary

Previous Charges:
 Amount of Your Last Bill (dated 11/9/2015) \$ 54.06
 Payment received 11/24/2015 – Thank you! -54.06
Total Previous Charges \$ 0.00

Current Charges:
 Electric Charges \$ 26.23
 Other Charges or Credits 0.18
Total Current Charges \$ 26.41

Total includes current and past due charges **Total \$ 26.41**

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

Happy holidays
 As 2015 draws to a close, we send our best wishes for the holidays and wish you a safe and happy new year. It's a privilege to serve you.
pse.com

How to reach us

Email: customercare@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773

Account Number: 200012992083
 DUE DATE December 30, 2015
 TOTAL DUE \$26.41



- I want to donate \$ _____ to the Warm Home Fund
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018169 35963 1 AT 0.413 H053
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 111 SPARROW CT
 PORT LUDLOW WA 98365-9667



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 P.O. BOX 91269
 Bellevue, WA 98009-9269





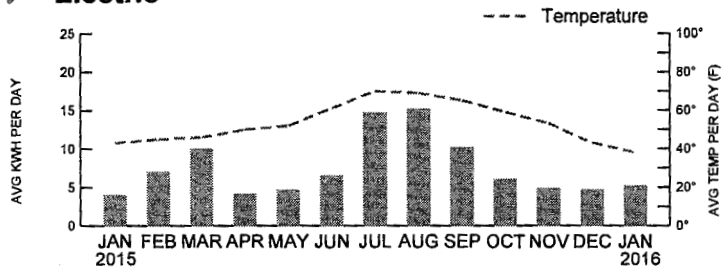
Account Number: 200012992083
 DUE DATE January 29, 2016
 TOTAL DUE \$27.28

Important Information | pse.com |

WATER AND WASTEWATER MANAGEMENT
 Serving: 4795 NE NORTH TOLO RD # WELL, Bainbridge Island

Your Usage Information

Electric



	Last Year	This Year
Average daily kilowatt hours	4.00	5.10
Average daily cost	\$0.66	\$0.88
Days in billing cycle	31	31
Average temperature	43°F	38°F

Your Account Summary

Previous Charges:

Amount of Your Last Bill (dated 12/9/2015)	\$ 26.41
Payment received 1/7/2016 – Thank you!	-26.41
Total Previous Charges	\$ 0.00

Current Charges:

Electric Charges	\$ 27.28
Total Current Charges	\$ 27.28

Total includes current and past due charges **Total \$ 27.28**

Late Payments | A late payment fee of 1% per month will apply to past due charges, if any, and amounts unpaid more than 10 business days after the statement due date. Amounts will be considered delinquent if payment is not received on or before the due date.

Happy New Year
 It's a great time to take easy steps to manage your energy use, save money and get bill-payment assistance.
pse.com/save

How to reach us

Email: customer@pse.com
 Customer Service: 1-888-225-5773 | TTY: 1-800-962-9498
 Hours: 7:30 a.m. – 6:30 p.m. M – F | TRS: 1-866-831-5161
 Puget Sound Energy: P.O. Box 91269, Bellevue, WA 98009
24 Hour Emergency and Outage line: 1-888-225-5773



Account Number: 200012992083
 DUE DATE January 29, 2016
 TOTAL DUE \$27.28

I want to donate \$ _____ to the Warm Home Fund

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Mail this coupon and make check payable to Puget Sound Energy

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 WATER AND WASTEWATER MANAGEMENT SERVICES
 111 SPARROW CT
 PORT LUDLOW WA 98365-9667

Puget Sound Energy
 P.O. BOX 91269
 Bellevue, WA 98009-9269





Water and Wastewater Management Services, LLC/

Formally

T&T Professional Services
111 Sparrow Court
Port Ludlow, WA 98365

January 1, 2012

Account Services;

RE: Account 483248

On December 31, 2011 T&T Professional Services was closed, and reopened on January 1, 2012 under a new LLC, company. Please update our account to:

Account #: 483248
Water and Wastewater Management Services LLC
(Address and ship to the same)
111 Sparrow Court
Port Ludlow, WA 98365

Thank you,

Robert & Cheri Thurston
Owners, Director of Operations
Water and Wastewater Management Services, LLC
(360) 437-0540-Office
(360) 301-1967-Cell
(360) 343-1190-Fax
FORMERLY-
T&T Professional Services
Owner/Operations Director



T&T Professional Services
111 Sparrow Court
Port Ludlow, WA 98365

December 31, 2012

To all Piper/Lightmoor/Pinewood Clients,

This letter is to inform all water clients of T&T Professional Services that we have closed T&T Professional Services. There will be no sale, but all water rights and wells that provide you with your water service will be transferred to Water and Wastewater Management Services, LLC.

Effective 1/1/2013, all invoicing and payments will be thru and to Water and Wastewater Management Services, LLC.

All contact information, including payment address, phone numbers and outage contact information will still be serviced, tested and operated by Certified Water and Wastewater Operators, through Water and Wastewater Management Services, LLC.

If you have any questions regarding the closure and transfer of T&T Professional Services or this letter please contact either Robert or Cheri Thurston at any of the phone at the end of this letter.

Sincerely,

Robert and Cheri Thurston,
Water & Wastewater Management Services, LLC
Formerly T&T Professional Services
(360) 301-3535
(360) 301-1967
(360) 437-0540

right to transfer said water
to Piper Homeowners

Asset Acquisition Agreement

This Asset Acquisition Agreement ("Agreement") is entered into as of this day of April 2005, among T&T Professional Services, a Washington Sole Proprietor ("Purchaser"), and Gamble Bay Water, Inc, a Washington corporation ("Seller"), with reference to the following recitals:

RECITALS

- A. Seller owns and operates three (3) group B water systems (Water Systems) regulated by the Washington State Utilities and Transportation Commission (WUTC) and The Washington State Department of Health (DOH), known as Piper, ID #00887P; Pinewood, ID #45507P; Lightmoore, ID #66934K. The Seller's Water Systems are all located in Kitsap County, Washington and serve approximately 22 customers.
- B. Seller and Purchaser believe that the sale of the assets and business hereunder is in the best interest of the population served by the Seller's Water Systems, in view of Purchaser's expertise and financial resources.
- C. The proposed transactions hereunder are subject to the approval of the WUTC and acceptance by Purchaser and Seller of conditions made by WUTC.
- D. Seller desires to sell to Purchaser and Purchaser desires to purchase from Seller all of Seller's water systems' assets, on the terms and subject to the conditions herein set forth.

AGREEMENT

NOW, THEREFORE, in consideration of the foregoing recitals, which shall be deemed a relevant part of this Agreement, and the mutual covenants, promises, agreements, representations and warranties contained herein, for good and valuable consideration, the parties hereto agree as follows:

1. Property Sold: Seller agrees to sell and Purchaser Agrees to purchase the Water System consisting of:
 - A. Property: Land and or easements to the well sites, together with protective covenants showing a 100' non-pollution radius around the well, and easements to all mains, services and valves including, but not limited to, those listed in Schedule 1(a).
 - B. Water System: All water equipment and facilities, wells, pumping equipment, connections, tanks, reservoirs, mains, meters, hydrants, and all other appurtenances pertaining to operating the water systems that are owned by Seller and described in Schedule 1 (b) hereof.
 - C. Water rights including, but not limited, to those listed in Schedule 1 (c).
 - D. Future and current service areas, for the Water System.

Initials Seller: MZ Initials Purchaser: JK Gamble Bay/T&T Professional Purchase Agreement March 25, 2005

E. Intangibles listed in Schedule 1 (e)

2. Purchase Price: The purchase price is zero Dollars (\$0.00).
3. Debts and Taxes: Seller to pay all debts, including those owed to Purchaser, and taxes incurred prior to April 30, 2005. Accounts receivable for water provided to customers prior to April 30, 2005, shall remain the property of Seller.
4. Conveyance: Conveyance shall be by Bill of Sale Schedule 4(a), Assignment of Easements (4(b)), Statutory Warranty Deed 4(c), and Assignment of Intangibles Schedule 4 (d). Purchaser is entitled to immediate possession of the subject matter of the agreement upon closing.
5. Title Insurance: Purchaser at its option may obtain a title insurance policy for all real property transferred, through ~~_____~~ Insurance Company, and pay the premium there on. Rights reserved and Federal patents or State lands, building or use restrictions common to the district, existing easements not inconsistent with Purchaser intended use, and building or zoning regulations or provisions shall not be deemed encumbrances or defects.
6. Seller's Obligation: After closing Seller has no rights or obligations to the Water Systems listed on 1.2 (a).
7. Closing Date. The closing ("Closing") of the transactions contemplated by this Agreement shall take place at a location mutually agreed upon by the parties, during regular business hours, on the 3rd business day after the effective date of the WUTC authorization referred to in Section 9.1 or at such other time as the parties may agree ("Closing Date").
8. Conveyance Costs: Seller shall pay all real estate excise tax and Purchaser shall pay any sales tax that may be payable upon this transaction. Purchaser shall pay costs in connection with transfer of the water rights.
9. Notices: Any notices between the parties shall be transmitted by ordinary first class mail addressed as follows:

To Purchaser: Robert N. Thurston
80 Sparrow Crt
Port Ludlow, WA 98365

To Seller: Gamble Bay Water Inc.
Mike and Charlie Knapp
PO Box 709
Keyport, Washington 98345

10. Customer List and Drawings: Seller shall provide Purchaser with complete customer list including, name, site address, phone number, parcel number and mailing address as listed in

Initials Seller: ML Initials Purchaser: JK Gamble Bay/T&T Professional Purchase Agreement March 25, 2005

Schedule 10. Seller will also provide Purchaser with all available as-built drawing of the Seller's Systems.

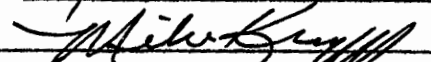
11. Waiver: No waiver or modification by Seller of any term or condition of this agreement shall be effective unless in writing, signed by Seller or their duly authorized agent. No waiver or indulgence by Seller of any deviation or departure by Purchaser from full performance of this agreement shall be waiver of the right of Seller from subsequent or other full and timely performance.
12. Litigation: To the best of Seller's knowledge and except as described in Schedule 12 hereof, there is no action, suit, proceeding, claim arbitration, or investigation, audit, inquiry or hearing, at law or in equity, before or by any federal, state, municipal or other governmental department, commission, board, bureau, agency or instrumentality, or other person pending or, to the knowledge of Seller, threatened, against Seller or relating to or affecting Seller, its business, assets or properties or any basis for such action, suit, proceeding, claim investigation, audit, inquiry, or hearing to the knowledge of Seller. Seller is not presently engaged in any legal action to recover money due it or damages sustained. Seller, the water system, or operation of the water system thereof has no knowledge of any complaints lodged with State and/or County Department of Health or Washington State Utilities and Transportation Commission.
13. Attorney Fees: In the event either party breaches this agreement, the other party shall, in addition to other damages, be entitled to reasonable attorney fees.
14. Successors in Interest: This Contract shall be binding upon and inure to the benefit of the respective heirs, successors, assigns, and legal representatives of the parties.
15. Special Interest: Except as listed on Schedule 15, there are no special interests or agreements binding to these water systems. No water systems owned by Seller, except those listed, shall be included as part of this Asset Purchase Agreement.

There are no written or oral agreements modifying this agreement and no warranties other than as set forth herein.

Seller:

Gamble Bay Water Co. Inc..

Date: 3/31/05

By: 

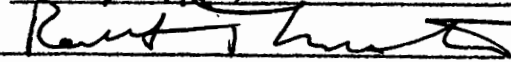
Mike Knapp, President

(360) 779-6283

Purchaser:

T&T Professional Services

Date: 3/31/05

By: 

Robert N. Thurston

(360)437-9852



State of Washington
Business Licensing
Service

Department of
Licensing
P O Box 9034
Olympia WA 98507-
9034

Business License Application
Receipt

Congratulations! The application has been submitted.

Filing Information

Filing Date and Time: Dec 16 2011 2:17:10:000PM Pacific Time
UBI Issued: Not Issued. To get your number, contact us after 2
business days at 1-800-451-7985 or bls@dor.wa.gov, or
wait 14 days to receive your license in the mail.
Application Transaction #: 20113505775
(Refer to this number if you have questions about this application.)
Credit Card Approval #: 3240738300003322363920
Last 4 digits of Credit Card
#: 2194
Credit Card type: Visa
Total fees to be billed to
your credit card \$20.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Tax Registration	\$0.00
Trade Name (1 x \$5.00)	\$5.00
Processing Fee:	\$15.00
Total fees to be billed to your credit card:	\$20.00

Date of this notice: 12-16-2011

Employer Identification Number:
45-4060214

Form: SS-4

Number of this notice: CP 575 G

WATER AND WASTEWATER MANAGEMENT
SERVICES LLC
CHERI LYNNE THURSTON SOLE MBR
111 SPARROW COURT
PORT LUDLOW, WA 98365

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-4060214. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.**
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

CORPORATIONS MENU

CORPORATIONS HOME
CORPORATIONS SEARCH
REGISTRATION FORMS
FEE SCHEDULE/EXPEDITED SERVICE
ONE-STOP BUSINESS LICENSING
RENEWAL AND FILING
UNIFORM COMMERCIAL CODE

HOME

SEARCH

Steps to Register

LLC Name
Contact Info
Certificate Of Formation
Registered Agent
Members
Initial Annual Report
optional
Signature
Confirm Information

The following items have been charged to your credit card.

Requested Name: WATER AND WASTWATER MANAGEMENT SERVICES LLC

Application ID: 2231186 **Tracking ID:** 2226928

Filing Date: 12/16/2011 **Amount:** \$200.00

Credit Card: XXXX-XXXX-XXXX-2194 **Authorization Number:** 060046_3240728460410176056440

Confirmation Email: Cheri_Thurston@msn.com

Shopping Cart

Credit Card

▶ Print Receipt

Important:

- Filings are not complete until the documents have been reviewed and approved by the Corporations Division
- Every effort will be made to complete this filing within the next few business days.
- Notice will be sent to you when the review is complete.

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For information about these filings, call 360-725-0377 and select option 5, or send email to CorpsOnlineFiling@secstate.wa.gov.

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Washington Secretary of State
801 Capitol Way South, PO Box 40234 OLYMPIA WA 98504-0234
(360) 725-0377
[Privacy Policy](#)



Water and Wastewater Management Services, LLC

111 Sparrow Court

Port Ludlow, WA 98365

(360)437-0540

February 19, 2016

As For the Health Department Records for Piper, The HOA can contact Melina Knoop or John Kleiss for information regarding the Health department records, at (360) 337-5220.

Robert Thurston

Cheri Thurston