



WEST DES MOINES WATER WORKS BOARD OF TRUSTEES MEETING COMMUNICATION

ITEM:

DATE: November 19, 2018

5. Consent Agenda
i. Motion

– Approving Water Supply Service Agreement for
Grand Living

FINANCIAL IMPACT:

None

SUMMARY:

This is a routine action to provide water service to this project. The action is required by the Iowa Department of Natural Resources.

BACKGROUND:

This action involves accepting the Water Supply Service Agreement for Grand Living. This document is part of the developer's application for an IDNR issued construction permit, and states the WDMWW will provide potable water to the development.

RECOMMENDED ACTION BY THE BOARD OF TRUSTEES:

To Accept the Water Supply Service Agreement for and Provide Potable Water to
Grand Living in West Des Moines.

Prepared by: William Mahoney

Approved for Content by: Wilson



IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY ENGINEERING SECTION
CONSTRUCTION PERMIT APPLICATION
Water Supply Service Agreement

INSTRUCTIONS

This agreement must be executed for all projects where construction and water supply will be provided by different parties; i.e., a private subdivision connecting to a municipal system. This agreement must be executed by the parties who are owners at the time the permit is issued, regardless of whether title to the proposed construction project will be transferred after completion of the project.

This agreement is not necessary when a contract for water services already exists; i.e., service contracts between municipalities. However, the Department of Natural Resources must be informed in writing that the contractual agreement does exist.

PROJECT IDENTIFICATION: GRAND LIVING

APPLICANT

Owner: RYAN COMPANIES US, INC.
Address: 533 S THIRD ST, STE 100, MINNEAPOLIS MN 55415
Representative: JIM GOOLEY
Telephone: 612-492-4229
E-mail address: jim.gooley@ryancompanies.com

ENGINEER

Firm: BISHOP ENGINEERING
Address: 3501 104th St, URBAN DALE IA 50322
Project Officer: CHUCK BISHOP
Telephone: 515-276-0467
E-mail address: cbishop@bishopengr.com

CERTIFICATION

I am the authorized representative of the **Applicant** identified above and state that all water distributed by this project shall be obtained by the system identified below.

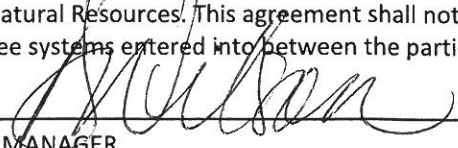
Signature: _____ Date: _____
Title: _____

SYSTEM
SUPPLYING
WATER:

PWS Name: WEST DES MOINES WATER WORKS
Address: 1505 RAILROAD AVENUE
City, State, Zip: WEST DES MOINES, IA 50265
PWSID: 7785007

AGREEMENT TO PROVIDE WATER

I am the authorized representative of the **Owner** of the water system identified above and state that the connection of the proposed water distribution system also identified above is approved by the owner, and that the owner accepts responsibility for providing potable water required by this project in accordance with the provisions of Chapter 455B, Code of Iowa, and the rules of the Department of Natural Resources. This agreement shall not be construed in any way to affect any local ordinances, water service agreements, or fee systems entered into between the parties.

Signature:  Date: 11/12/18
Title: GENERAL MANAGER
Typed or Printed Name: DIANA WILSON Phone: 515-222-3510

Location Map

