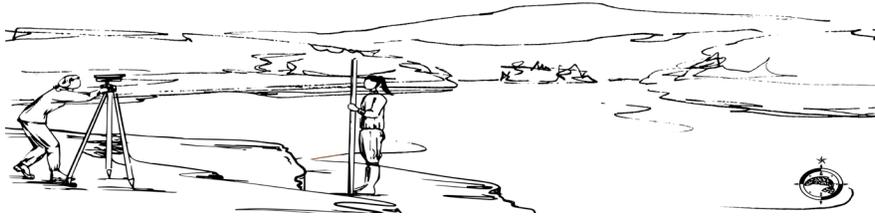


STAR SURVEYING, INC.



LAND SURVEYING- PLANNING- MAPPING

November 28, 2025

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO 3
Chris Chord, Superintendent
410 Prune Alley Unit B
Eastsound, WA E-Mail: chrisc@orcashealth.org
PO BOX 226
EASTSOUND WA 98245-0226
E-Mail: chrisc@orcashealth.org

**Re: Topographic Survey for a portion of TPN 271411009000
And TPN 271411014000, Orcas Island, San Juan County, WA**

Dear Chris,

Thank you for considering Star Surveying, Inc. for your surveying and mapping needs. We are pleased to provide the following Scope of Services and Cost Estimate to provide surveying services for TPN 271411009000 and TPN 271411014000.

Project Description:

Star Surveying will produce a Topographic Survey for TPN 271411009000 and TPN 271411014000, described as portion of 14, Township 37 North, Range 2 West, W.M., San Juan County, Washington. Also described as Lots 2A and 2B Deye Short Plat

Scope of Services

The Boundary Survey will include the location of all site improvements that affect the defined three acres. Existing corners for the parcel will be located and significant trees located. The topographic map will show two-foot-contours, all significant trees (6" or larger), access road, utilities, easements, improvements, and boundary corners. The area to be mapped is approximately 3 acres. A hard copy and an AutoCAD drawing file will be produced for your use. The survey will comply with the San Juan County Community Development and Planning Residential Pre-Application Site Plan (RPA) and be suitable for an architectural

base map. A final signed paper map will be provided with the digital map (Civil 3D 2020 with APWA Layering). The following scope as requested by the client will be completed and delivered.

Identification

- o Parcel Address*
- o Parcel number*
- o Legal description of parcel*
- o Dimension of all property lines*
- o Section, township, and range of proposal*
- o North arrow*
- o Graphic Engineer's Scale*
- o Basis of Bearings*
- o Survey Date*
- o Legend*

Property

- o Locate and plot adjacent streets*
- o Locate centerline of adjacent street(s)*
- o Locate and plot encroachments, if applicable*
- o Identify, locate, and plot easements and encroachments, if applicable*
- Copy of title report under separate attachment*
- o Identify all critical areas and critical area boundaries, including but not limited to flood designations, flood plains, design flood elevations, steep slopes, rivers and creeks and wildlife habitats*

Topography

- o Benchmark*
- o Datum*
- o 1-foot contours – see attached site plan for contour mapping zones*
- o Spot elevations at regular intervals to describe the site topography*
- o Top and toe of slope, where applicable*
- o Ridges and/or valleys, where applicable*
- o Low points, where applicable*
- o CAD file to include all survey ground elevation points and surface TIN*

Building and Site Development Features

- o Footprint of all existing structures*
- o Existing driveway and gravel paved areas, impervious surfaces, decks, steps marked with surface elevations*
- o Existing fence lines, retaining walls, rockeries marked with elevations*
- o Existing drainage features if any*
- o Existing septic system & drain field*
- o Utility structures, including any overhead utilities,*
- o Trees >6" diameter – see attached site plan for mapping zones*
- o Adjacent building structures along eastern property line (only western wall & bldg.*

corners)

Documents

o Provide AutoCAD format (dwg or dxf) files for Architect's use in developing the project site plan

Cost and Schedule

The survey will involve approximately four days of fieldwork to locate a sufficient number of perpetuated lot corners for the lot and adjoining lot corners in order to establish the location of the lease area. The fieldwork will include corner recovery, and locating all the critical features on the parcel that are required for the permit application map. Comparable time will be spent on research and producing topographic map and the record document to be filed. We can complete topographic survey for **\$9620**. The survey project can complete the project within three weeks of a notice to proceed.

Thank you for considering Star Surveying, Inc. for your professional survey needs. If you have any questions or need additional information please contact us at 360 378-5072 or email starsurveying@rockisland.com

A 50% retainer of **\$4810.00** will be required at the time of signing. The remaining balance will be progress billing. Annual 12% (1% per month) interest will be added to bills not received within 30 days.

Payments / Deposits mailed to:

Star Surveying, Inc.

Attn: Kellie Kaler

P.O. Box 1343

Anacortes, WA 98221

(We also accept credit cards)

Kellie.ssi@rockisland.com

360-399-7693

It is understood that any Additional Services beyond those included in this Scope of Services shall be authorized in writing by the Client prior to commencement of the "Additional Service(s)," and the Client shall reimburse Star Surveying, Inc. for said Additional Services monthly according to the work actually accomplished in the preceding month, provided such Additional Services have been approved in writing.

If this agreement meets with your acceptance, please sign one copy of this letter and return one copy of each for our records and as authorization to proceed under the terms of this agreement.

If you have any questions or need additional information, please contact Bob Anderson at (360) 378-5072 / StarSurveying@rockisland.com or Christy Hughes

at (360) 399-7693 / Christy.ssi@rockisland.com.

Sincerely,

Robert M. Anderson P.L.S. CFedS
Certified Federal Surveyor
Survey Manager/Principal
Star Surveying, Inc.

P.O. Box 2997
640 Mullis Street, suite 102-A
Friday Harbor, WA 98250
360.378.5072

PO Box 1343
406 Commercial Ave.
Anacortes, WA 98221
360.399.7693

Please return the following form with payment to our Anacortes office:
Star Surveying, Inc. PO Box 1343 Anacortes, WA 98221

Acknowledgment and Authorization to Proceed:

Star Surveying, Inc.,

The undersigned hereby acknowledges this agreement and authorizes Star Surveying, Inc. to proceed accordingly.

By: _____
Client Signature

Printed Name

Date: _____

Client Billing Information:

Address _____

Telephone: _____

City _____

Email: _____

StateZip _____

Primary Contact Information:
(if different from billed client)

Name _____

Address _____

Telephone: _____

City _____

Email: _____

StateZip _____

Friday Harbor
P.O. Box 2997
640 Mullis Street, Ste #102A
Friday Harbor, WA 98250
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www.starsurveyinginc.com