



**CONSOLIDATED COMMISSION ON UTILITIES**

Guam Power Authority | Guam Waterworks Authority

P.O. Box 2977 Hagatna, Guam 96932 | (671) 648-3002 | [guamccu.org](http://guamccu.org)

**Special Board Meeting**

***CCU Conference Room, Gloria B. Nelson Public Service Building***

**10:00 a.m., July 6, 2017**

**AGENDA**

1. CALL TO ORDER
2. NEW BUSINESS
  - 2.1 GWA
    - 2.1.1 Resolution No. 39-FY2017 Relative to Approval the Terms of the Proposed Settlement in the Claim Against GWA by Angel Cruz and Joseph Cruz for Real Property Damages; Government Claim No. 2017-001
    - 2.1.2 Resolution No. 40-FY2017 Relative to Approval the Terms of the Proposed Settlement in the Claim Against GWA by Joseph Cruz and Sandra Pablo for Personal Property Damages; Government Claim No. 2017-002
    - 2.1.3 Resolution No. 41-FY2017 Relative to Approval the Terms of the Proposed Settlement in the Claim Against GWA by Joseph Cruz for Loss of Wages; Government Claim No. 2017-003
3. ANNOUNCEMENTS
  - 3.1 Next CCU Meetings: GWA Work Session: July 19; GPA Work Session: July 20; CCU Meeting: July 25
4. ADJOURNMENT



Gloria B. Nelson Public Service Building | 688 Route 15 | Mangilao, Guam 96913  
Tel: (671) 300-6846

## **Issues for Decision**

### **Resolution No. 39-FY2017**

Relative to Approving the Terms of the Proposed Settlement in the Claim Against the Guam Waterworks Authority by Angel M.D. Cruz and Joseph M.M. Cruz also Referenced as Government Claim GWA GC No. 2017-001

### **What is the project's objective and is it necessary and urgent?**

On December 30, 2016 a sewer overflow caused real property damage to the Cruz's home. As a result of the sewer overflow Angel and Joseph filed a Government Claim against GWA in the amount of \$150,000.00 for damages sustained to two bathrooms, three bedrooms, kitchen and living room.

The Cruz family has been provided housing accommodations since January 26, 2017 until the repairs to the home are completed. Pursuant to 5 G.C.A. §6206 the Release and Settlement Agreement requires the Attorney General of Guam and the Governor to approve before the settlement check can be issued.

### **Where is the location?**

110 South San Miguel Street Talofofo, Guam

### **How much will it cost?**

The recommendation for settlement is \$109,994.00 for the costs to repair the home, housing accommodations and storage rental.

GWA has offered as part of the final settlement offer the issuance of \$3,000 before July 16, 2017 to assist the family with initial home repairs. Therefore, the remaining settlement amount would be \$106,994.00.

### **When will it be completed?**

This claim will be completed after the Release and Settlement Agreement has been approved by the CCU, then forwarded to the Office of the Attorney General and the Office of the Governor for their review and signature.

### **What is the funding source?**

Revenue Funded



CONSOLIDATED COMMISSION ON UTILITIES  
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**GUAM CONSOLIDATED COMMISSION ON UTILITIES**

**RESOLUTION NO. 39-FY2017**

**RELATIVE TO APPROVING THE TERMS OF THE PROPOSED SETTLEMENT IN  
THE CLAIM AGAINST THE GUAM WATERWORKS AUTHORITY BY  
ANGEL M.D. CRUZ AND JOSEPH M.M. CRUZ ALSO REFERENCED  
AS GWA GOVERNMENT CLAIM NO. 2017-001**

**WHEREAS**, under 12 G.C.A. § 14105, the Consolidated Commission on Utilities (“CCU”) has plenary authority over financial, contractual and policy matters relative to the Guam Waterworks Authority (“GWA”); and

**WHEREAS**, the Guam Waterworks Authority (“GWA”) is a Guam Public Corporation established and existing under the laws of Guam; and

**WHEREAS**, the Government Claims Act 5 G.C.A. §6206 requires approval of the Board for all other claims in excess of Three Thousand Dollars (\$3,000.00), excluding motor vehicle damage and personal injury claims less than \$15,000; and

**WHEREAS**, on December 30, 2016 manhole number 3634 was surcharging. GWA personnel arrived at approximately 4:30 p.m. to attempt clear the line. Detry Plumbing was then contacted to assist GWA personnel to clear the sewer line of the obstruction later identified as grease and rag buildup. Detry Plumbing utilized a combination truck and jetted the sewer line from manhole number 3638 upstream (approximately 50 feet) where the obstruction was located. As a result of this obstruction, sewage overflowed into the Cruz Pablo residence (110 S. San Miguel St. Talofofo Guam) via the two bathrooms in the home causing real property damage, Exhibit “A”; and

1       **WHEREAS**, on February 22, 2017 Mr. Joseph M.M. Cruz and Angel M.D. Cruz  
 2       (“Claimant”), legal homeowners of 110 S. San Miguel Street Talofofo, Guam filed a claim  
 3       against GWA in the amount of One Hundred Thirty Nine Thousand Nine Hundred Dollars  
 4       (\$139,900.00) for real property damages, Exhibit “B”; the Cruz’s have submitted three quotes,  
 5       which GWA found to be excessive as certain line items (e.g. replacement of typhoon shutters,  
 6       installation of new floor ceramic tiles for the whole house, replace panel box, wires, switches,  
 7       outlets/with covers, and smoke alarms, light fixtures), which were not directly affected by the  
 8       December 30, 2016 incident, Exhibit “C”; and

10       **WHEREAS**, GWA has provided the family housing accommodations commencing  
 11       January 26, 2017 and continues to do so, Exhibit “D.” A small storage unit has also been  
 12       provided by GWA to properly store some of the family’s personal belongings, Exhibit “E”; and

14       **WHEREAS**, GWA has sought the assistance on an independent quantity surveyor, Rider  
 15       Levett and Bucknall (RLB) to provide cost estimates on the repairs of the home based on the  
 16       scope of work GWA prepared and in accordance with ANSI/IICRC S500-2015 Standard and  
 17       Reference Guide for Professional Water Damage Restoration, Exhibit “F.” GWA has determined  
 18       that claimant’s should be compensated for real property damages sustained as a result of the  
 19       sewer overflow (inclusive of direct to vendor payments for housing accommodations and rental  
 20       expenses for storage) in the total amount of One Hundred Nine Thousand Nine Hundred Ninety  
 21       Four Dollars (\$109,994.00) which shall be paid upon signing of the Release & Settlement  
 22       Agreement by all parties; and

24       **WHEREAS**, GWA has offered as part of the June 7<sup>th</sup> final settlement offer issuance of  
 25       Three Thousand Dollars (\$3,000.00) before July 16, 2017 to assist the family with initial home  
 26       repairs, Exhibit “G.” This amount of \$3,000.00 will be reduced from the One Hundred Nine  
 27       Thousand Nine Hundred Ninety Four Dollars (\$109,994.00).

30       **WHEREAS**, GWA believes the proposed settlement and method of payment to be fair  
 31       and reasonable; and



1       **WHEREAS,** ~~the~~ the Consolidated Commission on Utilities finds that this proposed  
2 settlement is just and reasonable considering the circumstances.

3  
4       **NOW THEREFORE, BE IT RESOLVED, the** Consolidated Commission on Utilities  
5 does hereby find, authorize and approve the following:

- 6       1. Mr. Angel M.D. Cruz and Joseph M.M. Cruz sustained real property damages as a  
7 result of a sewage over flow into their residence, 110 S. San Miguel Street Talofofo,  
8 Guam on December 30, 2016.
- 9       2. Based on the cost estimate received from Rider Levitt and Bucknall (RLB), GWA has  
10 proposed offer of One Hundred Nine Thousand Nine Hundred Ninety Four Dollars  
11 (\$109,994.00) to include the costs to repair the home, housing accommodations to  
12 allow for the completion of the home repairs (through August 31, 2017), and rental  
13 expenses for storage (through August 31, 2017) as indicated in GWA's final  
14 settlement ~~offer dated~~ offer dated June 7, 2017 to Angel M.D. Cruz and Joseph M.M.  
15 Cruz, Exhibit G.
- 16       3. Claimants have agreed and accepted the proposed settlement offer dated June 7, 2017  
17 by GWA, Exhibit H.
- 18       4. That GWA issue a check in the amount of Three Thousand Dollars (\$3,000.00) as  
19 part of the final settlement offer on or before July 16, 2017 to assist the family with  
20 initial home repairs.
- 21       5. That GWA may pay the Claimant's an amount of One Hundred Six Thousand Nine  
22 Hundred Ninety Four Dollars (\$106,994.00) following the execution of a  
23 Release and Settlement Agreement by all parties.
- 24       6. The CCU finds the offer fair and reasonable under the circumstances.
- 25       7. The GWA GM is authorized to sign all documents necessary to settle the claim as  
26 approved by the CCU.

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1       **RESOLVED**, that the Chairman certifies and Board Secretary attests to the adoption of  
2 the Resolution.

3  
4       **DULY AND REGULARLY ADOPTED AND APPROVED** this 6<sup>th</sup> day of July, 2017.

5  
6       Certified by:

Attested by:

7  
8       \_\_\_\_\_  
9       **JOSEPH T. DUENAS**

Chairperson

\_\_\_\_\_  
10       **J. GEORGE BAMBA**

Secretary

11 I, J. George Bamba, Board Secretary for the Consolidated Commission on Utilities, as  
12 evidenced by my signature above do hereby certify as follows:

13 The foregoing is a full, true and accurate copy of the resolution duly adopted at a regular  
14 meeting by the member of the Guam Consolidated Commission on Utilities, duly and  
15 legally held at a place properly noticed and advertised at which meeting a quorum was  
16 present and the members who were presented voted as follows:

17       AYES: \_\_\_\_\_

18       NAYS: \_\_\_\_\_

19       ABSTENTIONS: \_\_\_\_\_

20       ABSENT: \_\_\_\_\_

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Gloria B. Nelson Public Service Building | 688 Route 15 | Mangilao, Guam 96913  
Tel: (671) 300-6846

## **Issues for Decision**

### **Resolution No. 40-FY2017**

Relative to Approving the Terms of the Proposed Settlement in the Claim Against the Guam Waterworks Authority by Joseph M.M. Cruz and Sandra Pablo also Referenced as Government Claim GWA GC No. 2017-002

### **What is the project's objective and is it necessary and urgent?**

On December 30, 2016 a sewer overflow caused real property damage to the Cruz's home. As a result of the sewer overflow Angel and Joseph filed a Government Claim against GWA in the amount of \$150,000.00 for damages sustained to two bathrooms, three bedrooms, kitchen and living room. Aside from the real property damage sustained a separate Government Claim for personal property damage was filed by Mr. Joseph Cruz and Sandra Pablo.

The Cruz family has been provided housing accommodations since January 26, 2017 until the repairs to the home are completed. Pursuant to 5 G.C.A. §6206 the Release and Settlement Agreement requires the Attorney General of Guam and the Governor to approve before the settlement check can be issued.

### **Where is the location?**

110 South San Miguel Street Talofofo, Guam

### **How much will it cost?**

The recommendation for settlement of the personal property claim is \$23,385.00.

### **When will it be completed?**

This claim will be completed after the Release and Settlement Agreement has been approved by the CCU, then forwarded to the Office of the Attorney General and the Office of the Governor for their review and signature.

### **What is the funding source?**

Revenue Funded



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**RESOLUTION NO. 40-FY2017**

**RELATIVE TO APPROVING THE TERMS OF THE PROPOSED SETTLEMENT IN THE  
CLAIM AGAINST THE GUAM WATERWORKS AUTHORITY BY  
JOSEPH M.M. CRUZ AND SANDRA PABLO ALSO REFERENCED  
AS GWA GOVERNMENT CLAIM NO. 2017-002**

**WHEREAS**, under 12 G.C.A. § 14105, the Consolidated Commission on Utilities (“CCU”) has plenary authority over financial, contractual and policy matters relative to the Guam Waterworks Authority (“GWA”); and

**WHEREAS**, the Guam Waterworks Authority (“GWA”) is a Guam Public Corporation established and existing under the laws of Guam; and

**WHEREAS**, the Government Claims Act 5 G.C.A. §6206 requires approval of the Board for all other claims in excess of Three Thousand Dollars (\$3,000.00), excluding motor vehicle damage and personal injury claims less than \$15,000; and

**WHEREAS**, on December 30, 2016 manhole number 3634 was surcharging. GWA personnel arrived at approximately 4:30 p.m. to attempt clear the line. Detry Plumbing was then contacted to assist GWA personnel to clear the sewer line of the obstruction later identified as grease and rag buildup. Detry Plumbing utilized a combination truck and jetted the sewer line from manhole number 3638 upstream (approximately 50 feet) where the obstruction was located. As a result of this obstruction, sewage overflowed into the Cruz Pablo residence (110 S. San Miguel St. Talofofo Guam) via the two bathrooms in the home causing personal property damage and

**WHEREAS**, on February 22, 2017 Mr. Joseph M.M. Cruz and Sandra Pablo (“Claimant”), residents of 110 S. San Miguel Street Talofofo, Guam filed a claim against GWA in the amount of Forty Five Thousand One Hundred Fourteen Dollars and Seventy Cents (\$45,114.70) for personal property damages, Exhibit “A”; Mr. Cruz and Ms. Pablo have submitted photos of some of their personal property, which was damaged along with a list of the items they are claiming, Exhibit “B”; and

**WHEREAS**, GWA has provided the family housing accommodations commencing January 26, 2017 and continues to do so, Exhibit "C." A small storage unit has also been provided by GWA to properly store some of the family's personal belongings, Exhibit "D";

**WHEREAS**, after review of the claim, GWA has determined that GWA should compensate the Claimant for personal property damages sustained totaling Twenty Six Thousand Three Hundred Eighty Five Dollars (\$26,385.00) of which \$3,000.00 was issued to Claimant on January 25, 2017 Check Number 072424 for immediate needs, Exhibit "E." The Claimant further acknowledged that the \$3,000.00 would be made part of and thereby deducted from the final settlement offer, Exhibit "F"; and

**WHEREAS**, GWA calculated the personal property items submitted by Mr. Cruz and Ms. Pablo based on the actual cash value (ACV) of the items. GWA has determined that claimant's should be compensated for personal property damages sustained totaling Twenty Six Thousand Three Hundred Eighty Five Dollars (\$26,385.00) which shall be paid upon signing of the Release & Settlement agreement; and

**WHEREAS**, GWA believes the proposed settlement and method of payment to be fair and reasonable; and

**WHEREAS**, the Consolidated Commission on Utilities finds that this proposed settlement is just and reasonable considering the circumstances.

**NOW THEREFORE, BE IT RESOLVED**, the Consolidated Commission on Utilities does hereby find, authorize and approve the following:

1. Mr. Joseph M.M. Cruz and Ms. Sandra Pablo sustained personal property damages as a result of a sewage over flow into their residence, 110 S. San Miguel Street Talofofo, Guam on December 30, 2016.
2. Mr. Cruz and Ms. Pablo have submitted a list of personal property items damaged as a result of the December 30, 2016 sewer overflow.
3. That GWA may pay the Claimant an amount of Twenty Three Thousand Three Hundred Eighty Five Dollars (\$23,385.00) following the execution of a Release and Settlement Agreement.
4. The CCU finds the offer fair and reasonable under the circumstances.

1        5. The GWA GM is authorized to sign all documents necessary to settle the claim as approved  
2                by the CCU.

3  
4        **RESOLVED**, that the Chairman certifies and Board Secretary attests to the adoption of the  
5 Resolution.

6  
7        **DULY AND REGULARLY ADOPTED AND APPROVED** this 6<sup>th</sup> day of July, 2017.

8  
9        Certified by:

Attested by:

10  
11        \_\_\_\_\_  
12        **JOSEPH T. DUENAS**  
13        Chairperson

14        \_\_\_\_\_  
15        **J. GEORGE BAMBA**  
16        Secretary

17  
18        I, J. George Bamba, Board Secretary for the Consolidated Commission on Utilities, as evidenced  
19 by my signature above do hereby certify as follows:

20        The foregoing is a full, true and accurate copy of the resolution duly adopted at a regular meeting  
21 by the member of the Guam Consolidated Commission on Utilities, duly and legally held at a  
22 place properly noticed and advertised at which meeting a quorum was present and the members  
23 who were presented voted as follows:

24        AYES: \_\_\_\_\_

25        NAYS: \_\_\_\_\_

26        ABSTENTIONS: \_\_\_\_\_

27        ABSENT: \_\_\_\_\_

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EXHIBIT "A"



## Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



### FILING A CLAIM AGAINST THE GOVERNMENT

Please be advised that under the Government Claims Act (5 G.C.A., Chapter 6), the government has **SIX (06) MONTHS** in which to investigate and either grant, settle, or deny your claim.

If your claim involves a **traffic accident**, you need to submit:

1. A copy of the police report;
2. A copy of the vehicle registration;
3. Two to three estimates of repair from a licensed auto repair shop
4. Pictures of the damages

If your claim involves **wages**, you need to submit:

- Any documents of proof of wages owed.

If your claim involves a **dormant bank account**, you need to submit:

- Account name, account number, address, social security number, and proof of authorized access to account funds.

Please provide copies of all documents. We are unable to make copies due to budgetary cuts. If you have any questions, please call our office at 475-3324.

*Please read, sign and return the letter on the reverse side of this sheet. Thank you.*







## Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



Dear Claimant:

Pursuant to the Government Claims Act (Public Law 17-29), the government has six (06) months to investigate and either grant, settle or deny your claim. If you are claiming property damage to a motor vehicle involved in an accident, we will make a determination on this part of your claim within thirty (30) days pursuant to Public Law 25-130, provided you furnish us with all the documents necessary to process your claim.

Although most claims require the full six (06) months for review and final decision, smaller claims usually take less time than larger ones; however, they are considered equally. If after six (06) months your claim has not been settled or you have not been notified by our office that your claim was denied, you may institute an action in the Superior Court of Guam for money damages.

Additional questions on the status of this claim should be directed to the undersigned.

Thank you in advance for your cooperation.

Sincerely,

DONALD V. SAN AGUSTIN  
Assistant Claims Officer

I have read and fully understand the above.

Print Name:

Joseph M. Cruz, Sandra Pablo, Amanda Cruz, Prudencio J. Cruz

Signature:

Date:

2/22/12



# Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



## CLAIM AGAINST THE GOVERNMENT

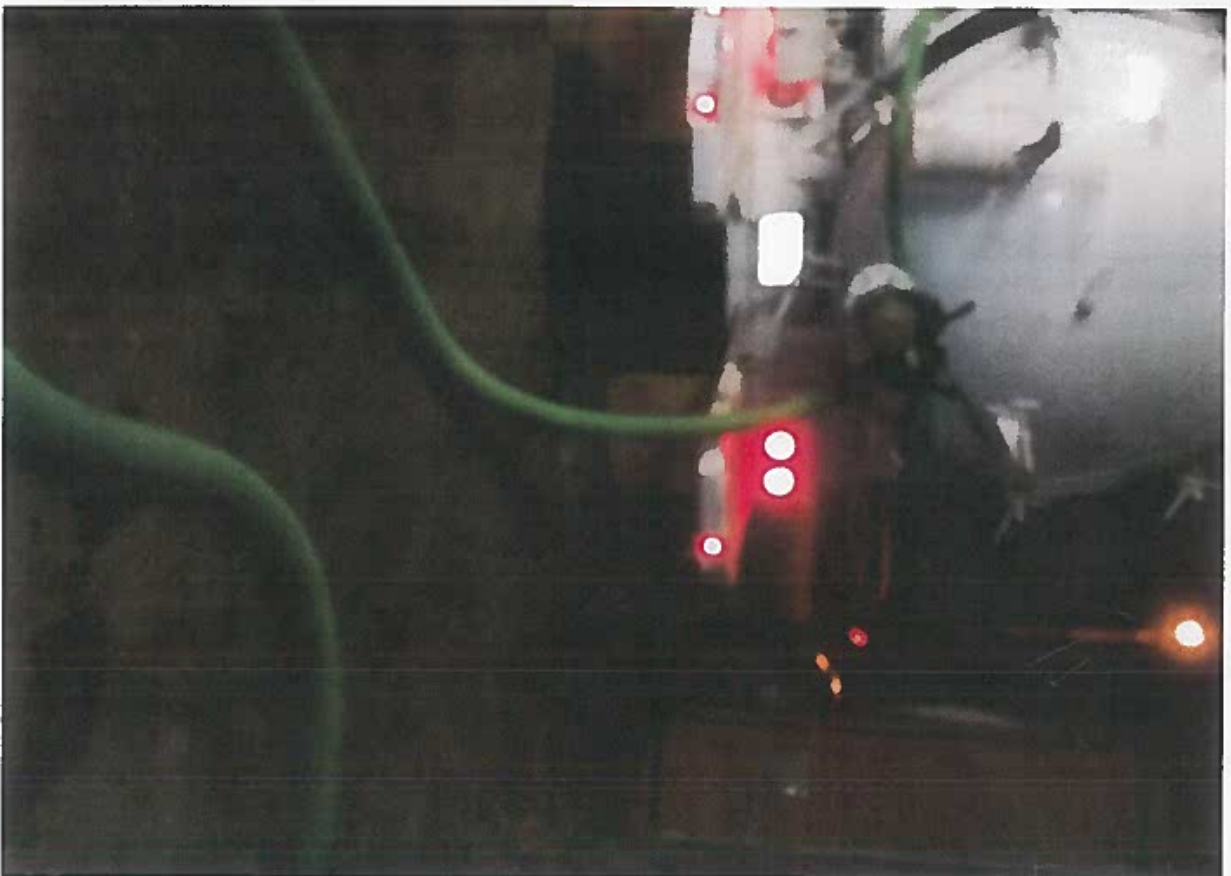
(Please complete the form in its entirety. **DO NOT** leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant: Joseph MM Cruz Sandra M Pablo Prudencio Cruz Amanda Cruz
2. Mailing Address: PO Box 3634 Hagatna Guam 96932  
Home/Work Address: 110 South San Miguel St. Talofofo Guam 96915
3. Home Telephone 969-1873/488-7103 Work Telephone 475-6208
4. Amount of Damages you are claiming: \$ 988-3106 45,114.70
5. Any other relief you are claiming N/A
6. Government Agency Responsible Guam Waterworks Authority
7. Date Claim arose Dec. 30, 2016
8. Your statement of facts upon which you base your claim. Attach extra sheet(s) if necessary.  
ON Dec. 30, 2016 raw sewage submerged entire home and all was contaminated.
9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ NA
11. I have the following insurance covering this claim NA (denied claim)
12. I am the real party in interest except for the following parties who have an interest in this claim:  
NA
13. I have received the following compensation/repairs from other parties \$3,000 - (GWA)
14. Name, address, and telephone of attorney representing claimant, if any:  
NA

All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

- I, Joseph Cruz, Sandra Pablo, Amanda Cruz & Prudencio Cruz, declare under penalty of perjury that the foregoing is true and correct.
- Date 2/22/17 Claimant's Signature [Signatures]

EXHIBIT "B"











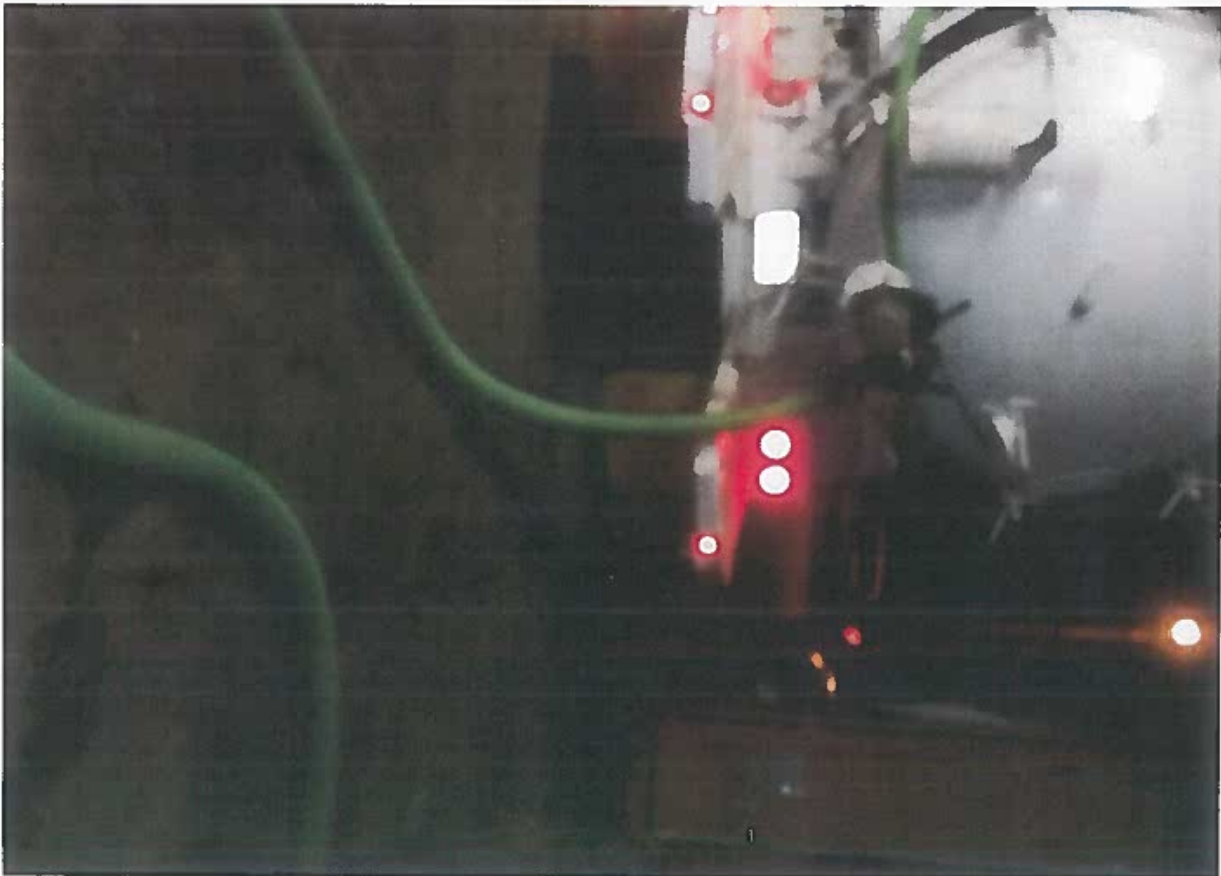






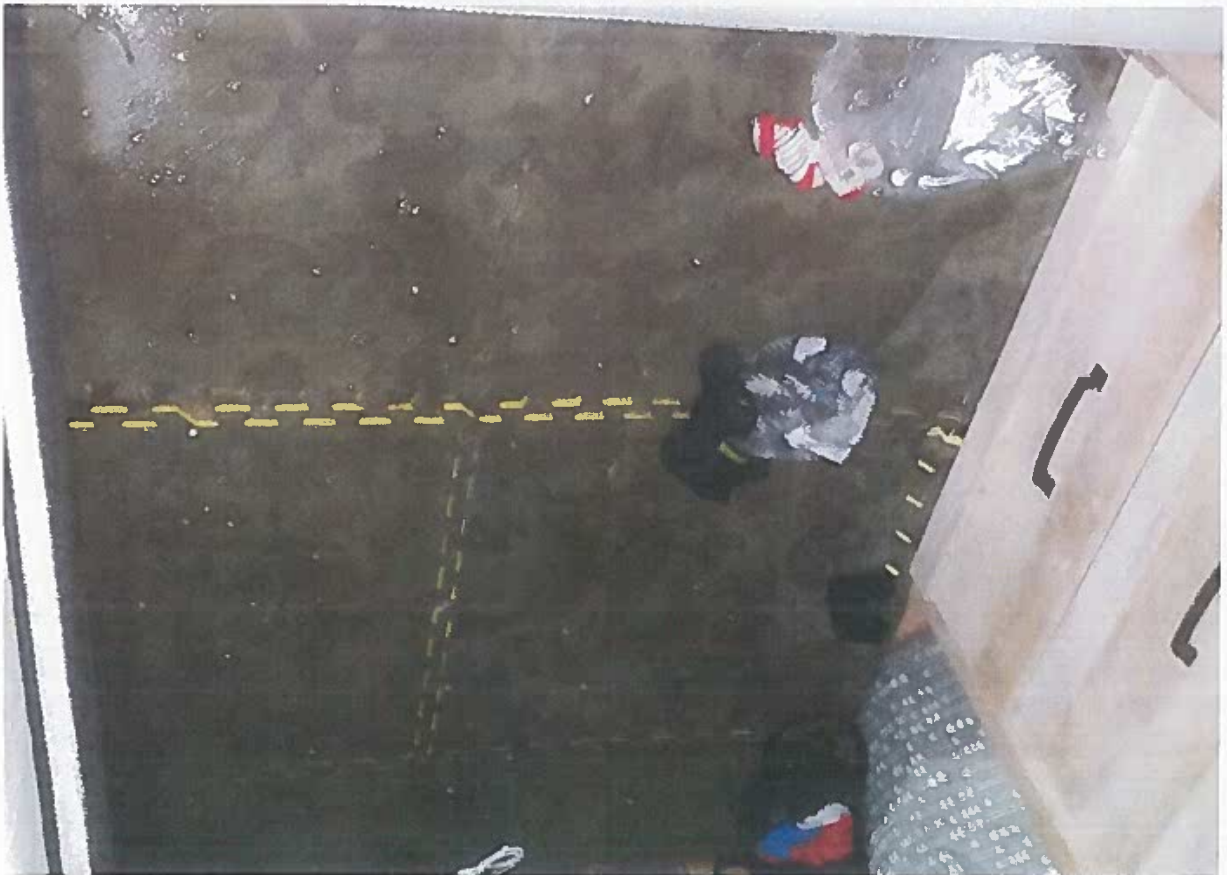
































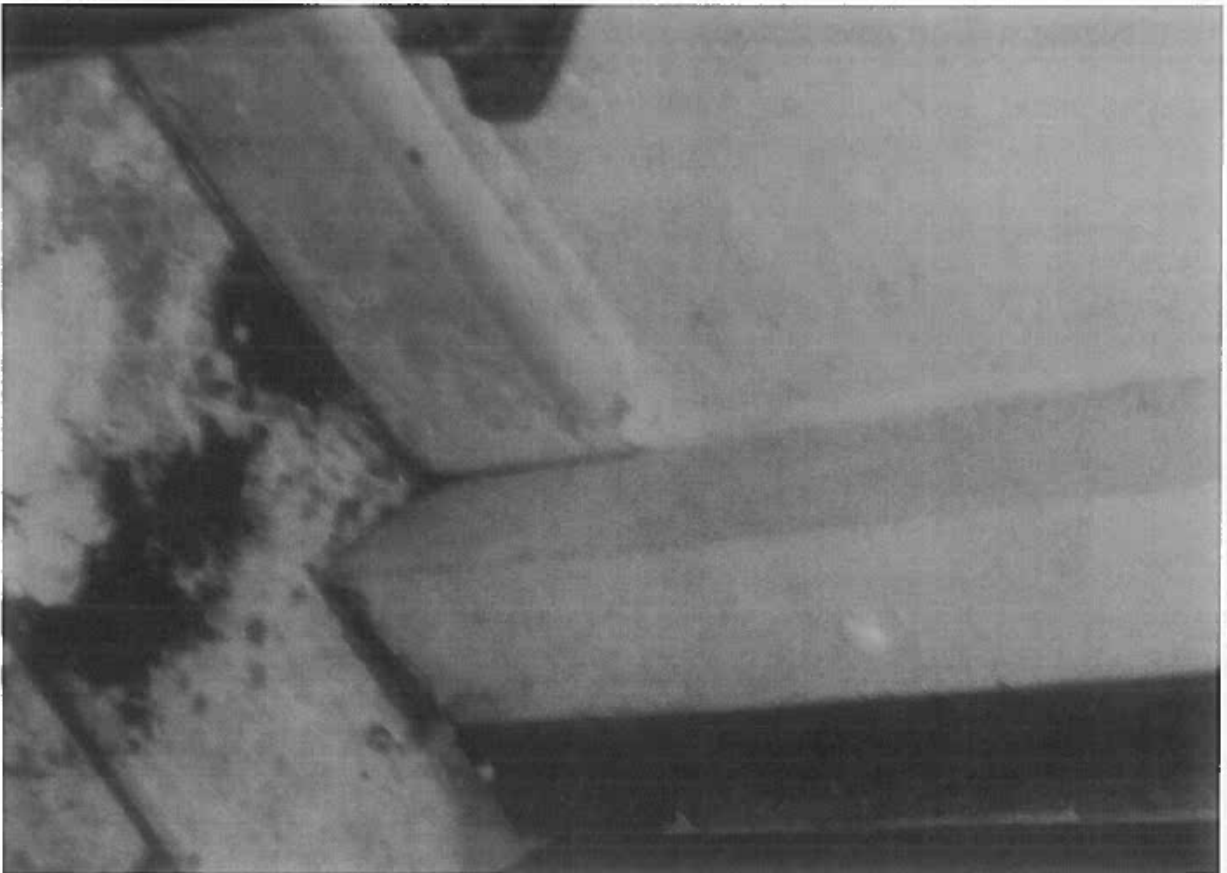
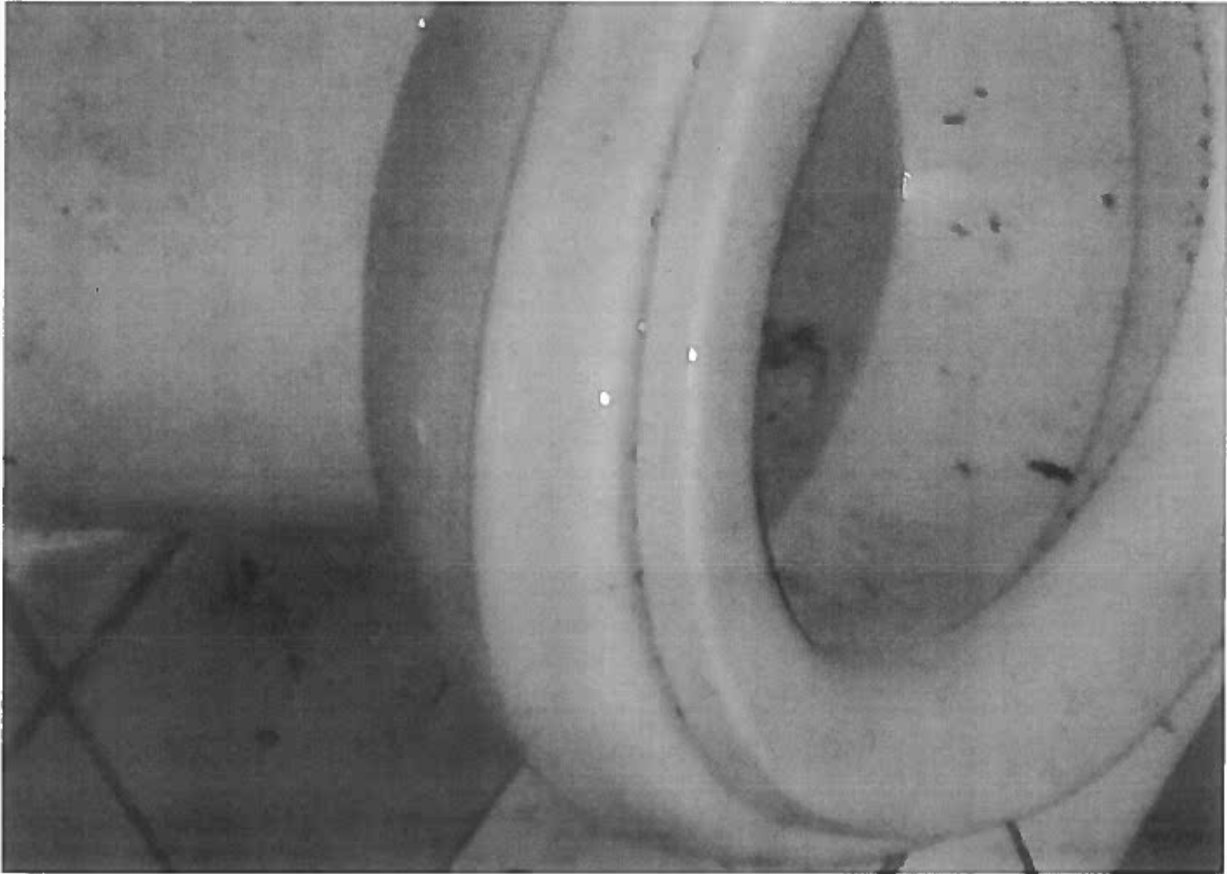


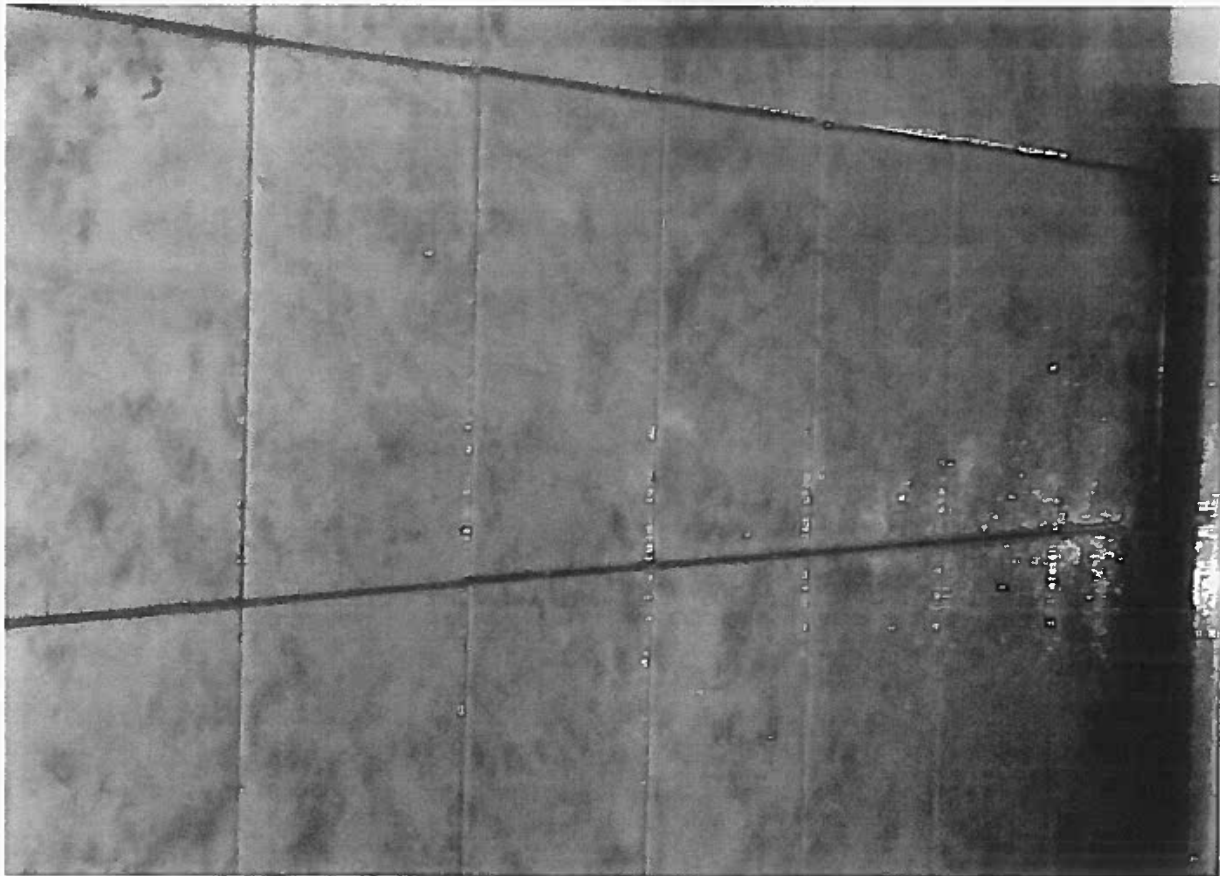
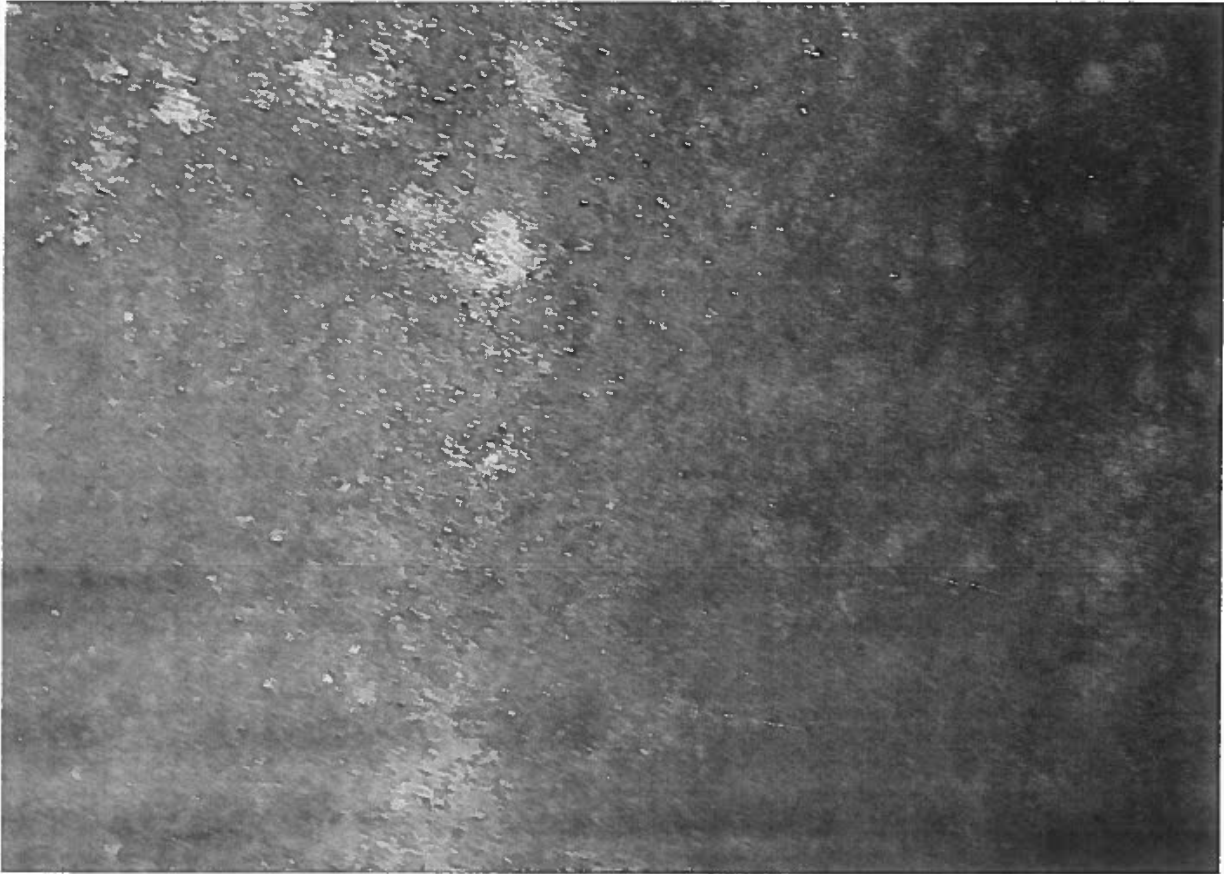






















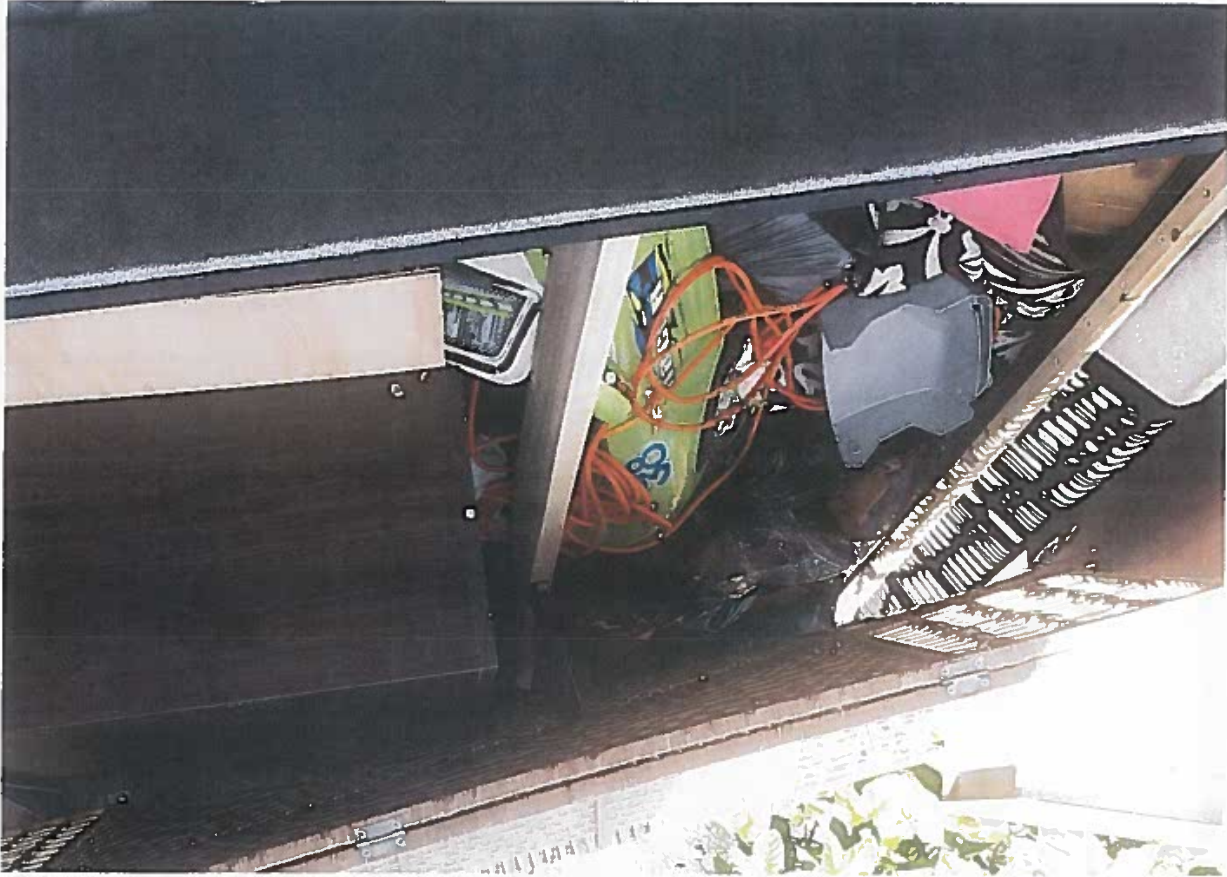








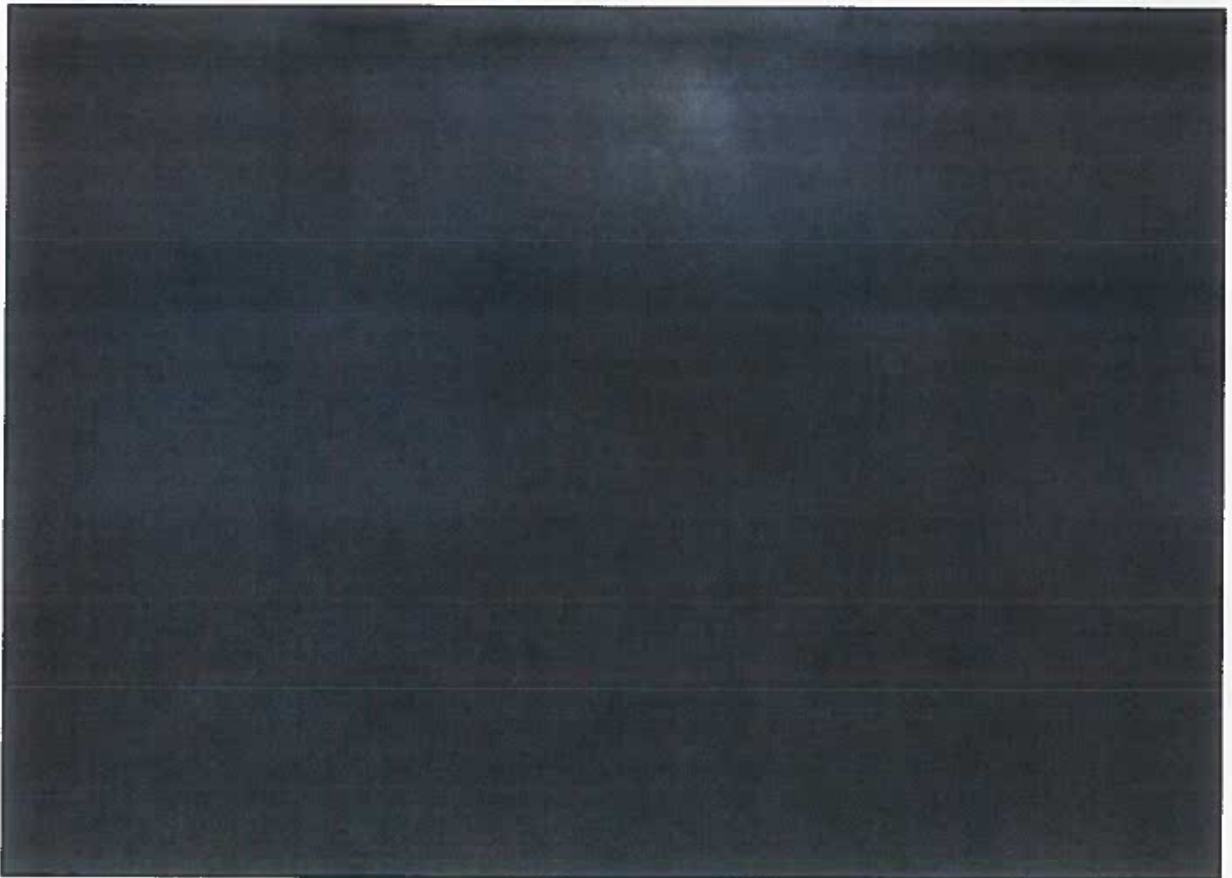




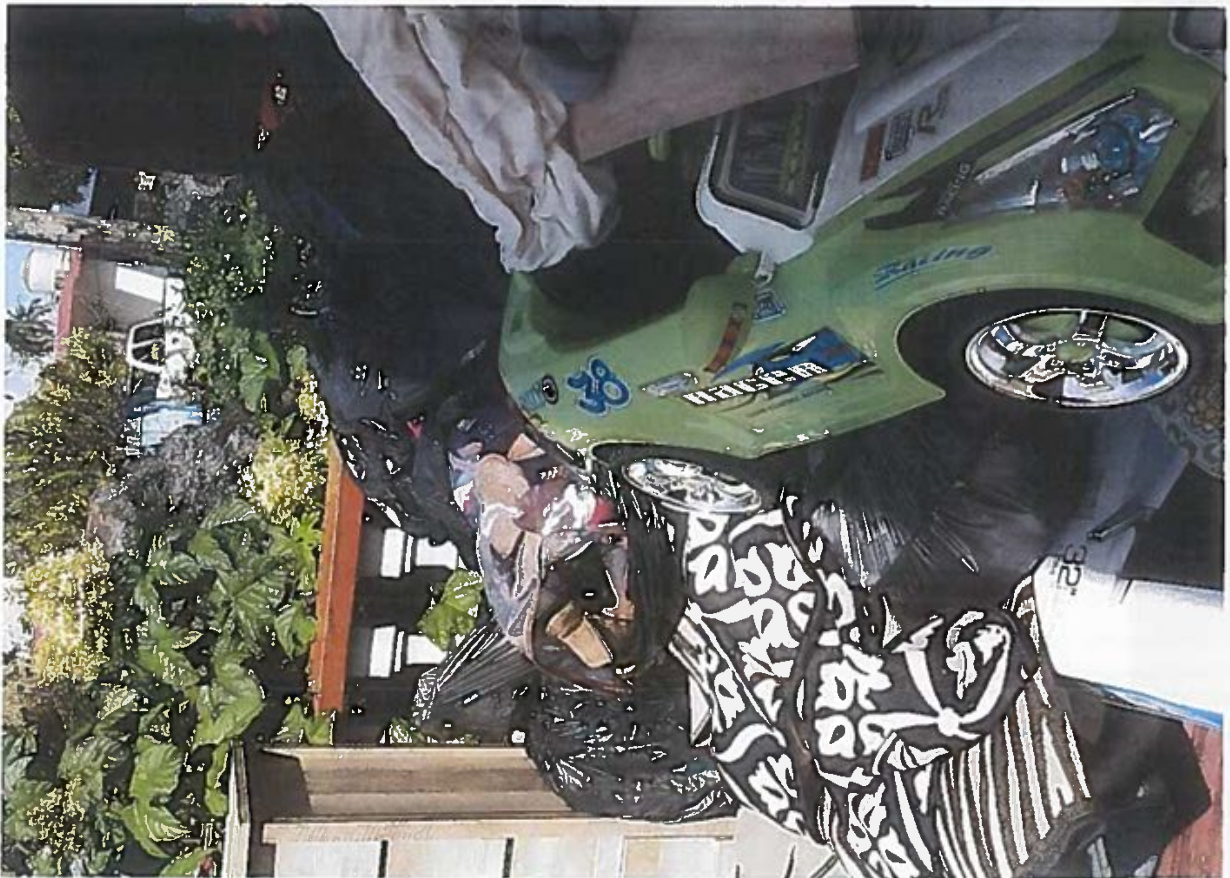






































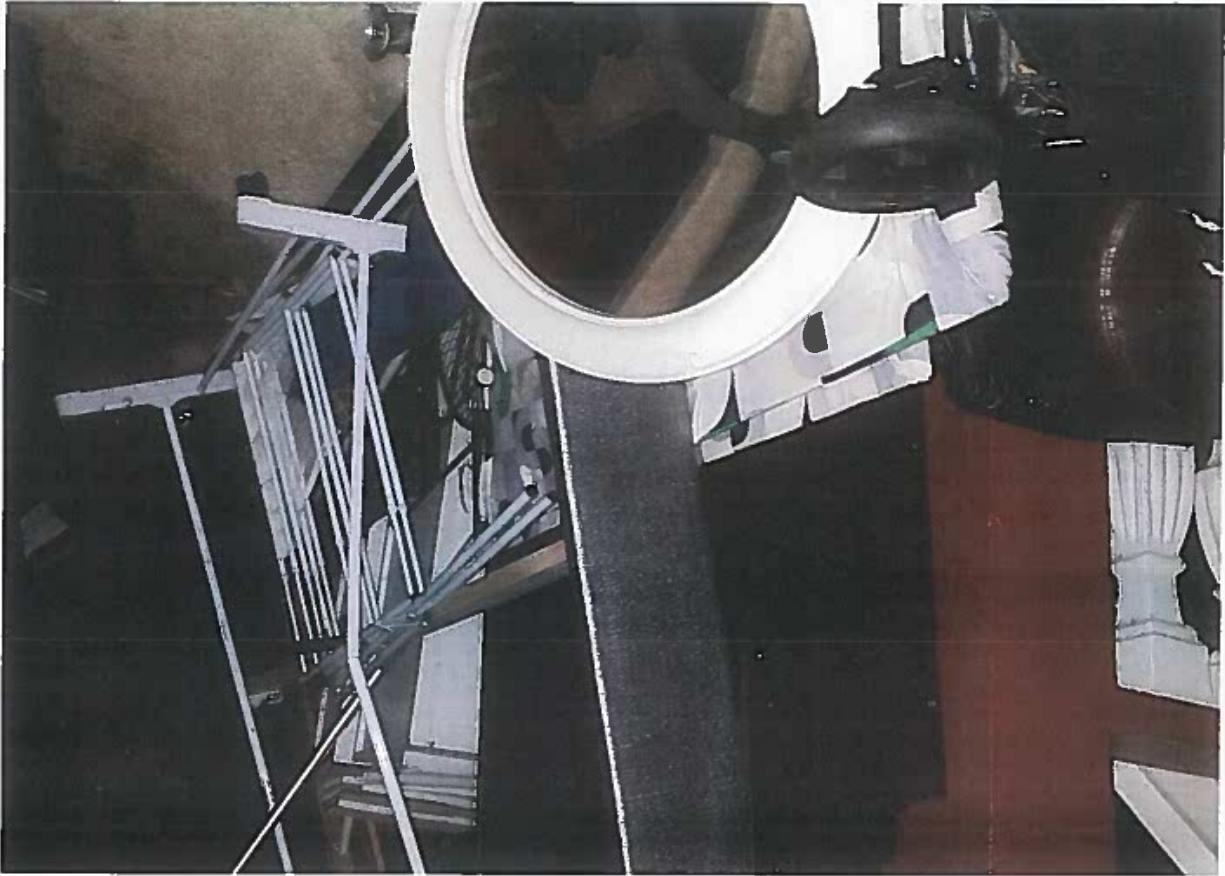


















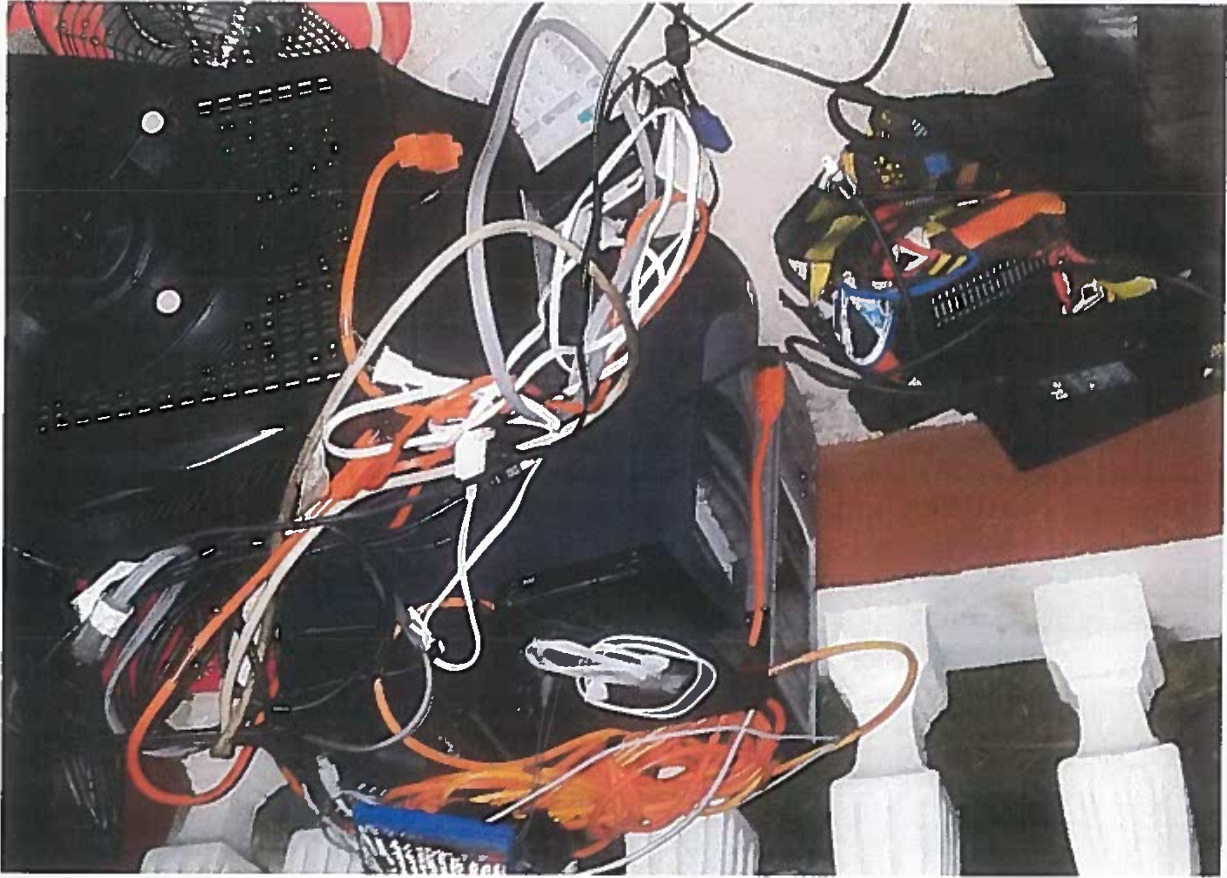












































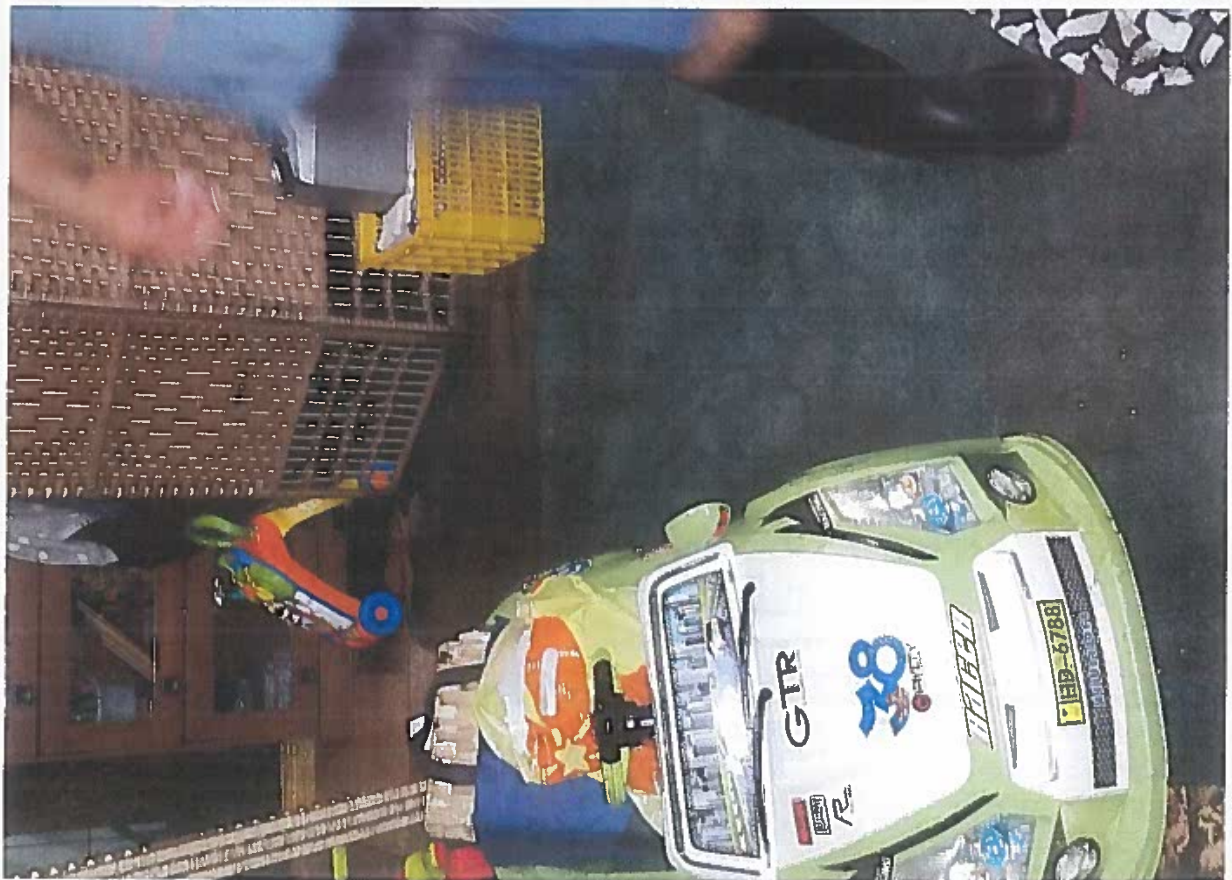


















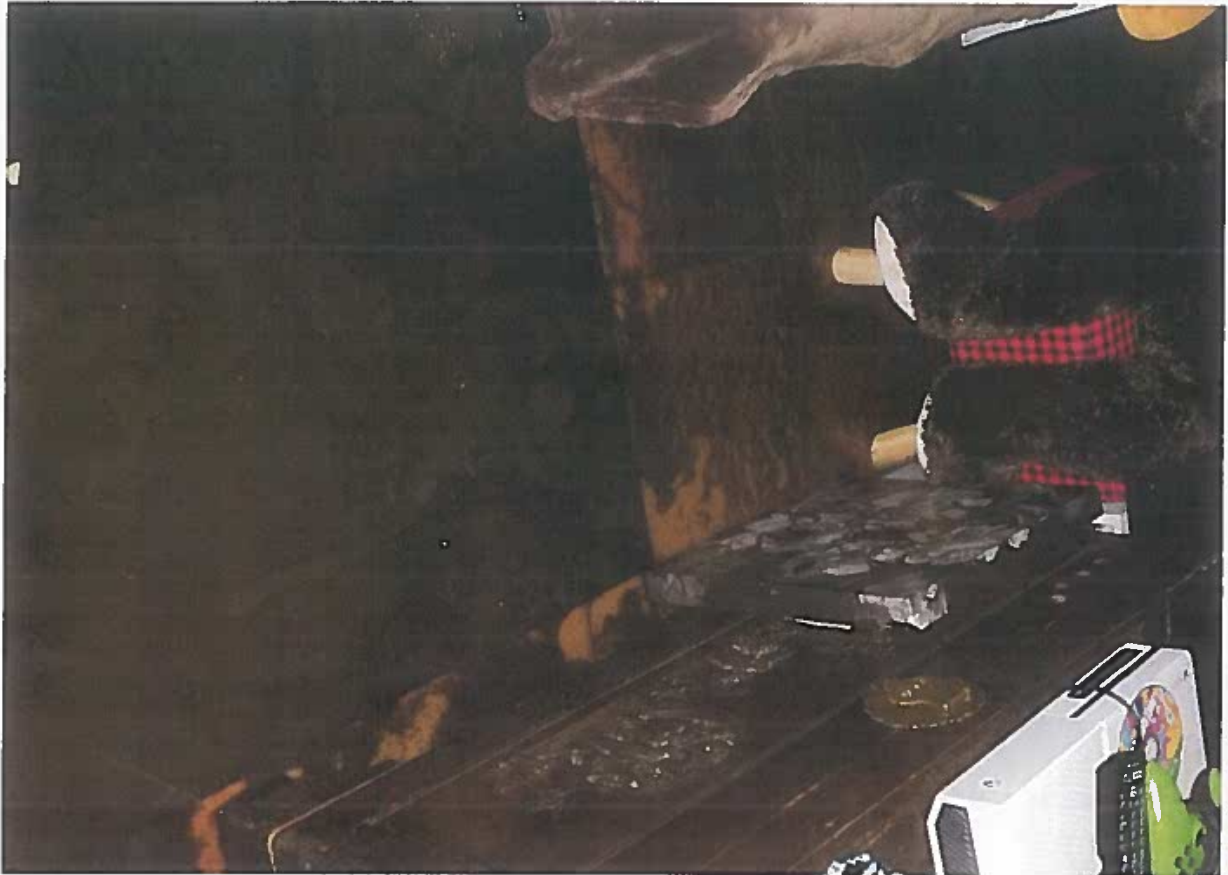























## EXHIBIT "C"

 <b>GUAM WATERWORKS AUTHORITY</b> 1 : Page 6200: B/U 01/25/17, Date FOB GWA, P.O.B.	<b>PURCHASE ORDER</b> <b>GUAM WATERWORKS AUTHORITY</b> P.O. Box 3010, Hagatna, Guam 96932 PHONE: (671) 647-7818 FAX: (671) 649-3750	No. 300462-000 OP THIS PURCHASE ORDER MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L CORRESPONDENCE, ETC. Payment Terms: Net 30 Days
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## VENDOR:

## SHIP TO:

LEOPALACE GUAM CORPORATION 221 LAKE VIEW DRIVE YONA GU 96915	GUAM WATERWORKS AUTHORITY 578 N. Marine Corps. Dr. ATTENTION: P & S WAREHOUSE Tamuning GU 96913
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AUTHORITY PL 16-124 / PL 21-148	IFB / REFERENCE	TIME FOR DELIVERY	EXPIRATION 09/30/2017
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ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
CONDITIONS: 2GARS3112.1 Blanket Purchase Agreement Requested by: Nicole Quan Authorized Personnel: Nicole Quan Business Unit: 6200. G/L Account No: 6200.950.39004 Funding Source (Revenue Funded) OQ# 29908 OR# 29769 Buyer: Mary Torres #1009 * IMPORTANT NOTICE TO VENDORS " All invoices must indicate P.O. Number for payment " All invoices must indicate on the invoice the Employee's " Name, Badge Number that must be signed and printed clearly " Submit signed and dated P.O. acknowledgement with invoice " GWA will not be liable for any unauthorized services that are not listed in the Purchase Order - only the services listed on the Purchase Order will be paid by GWA. " Only the authorized names listed on the Purchase Order are allowed to transact. Unauthorized person(s) will not be honored by GWA. * SPECIFICATIONS (ARTICLES OR SERVICES): * HOTEL ROOM RENTAL - LEO PALACE REFERENCE: GOVERNMENT CLAIM SANDRA PABLO/JOSEPH CRUZ * FROM JANUARY 26, 2017 TO FEBRUARY 02, 2017 - 2 ROOMS X \$88.80 PER NIGHT = 177.60 X 7 NIGHTS = \$1,243.20 - SECURITY DEPOSIT \$110.00 X 2 ROOMS = \$220.00 TOTAL AMOUNT: \$1,463.20 *				
ROOM RENTAL		EA	.00 EA	1,463.20
NOTE: "SUBJECT TO THE GUAM PROCUREMENT CODE AND ACCOMPANYING REGULATIONS"				

**SPECIAL INSTRUCTIONS TO VENDOR:**  
 Send certified original and three (3) copies of invoice to Guam Waterworks  
 Authority, Government of Guam, at the address shown above.

DO NOT FILL THIS ORDER  
 if your total cost exceeds this total. >>

TOTAL

\$ 1,463.20

Payment upon receipt of merchandise in Guam in good condition.

SEE BACK FOR TERMS AND CONDITIONS

ACKNOWLEDGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE OF VENDOR

RETURN TO PROCUREMENT DIVISION AT THE ABOVE ADDRESS


SIGNATURE: *Shane S. Borja* Acting GM  
 1/25/17  
 For **ORIGINAL**  
 Miguel C. Borja, P.E. General Manager  
 NAME TITLE

POMIGUEL


ALL PURCHASE ORDERS FROM THE GUAM WATERWORKS AUTHORITY  
ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS.

1. In the shipments are connected with a bid or RFP issued by GWA, this purchase order shall be governed by the Terms and Conditions of the bid or RFP as well as the Guam Procurement Law and the Guam Procurement Regulations
2. An acknowledged and dated copy of this purchase order must be returned to GWA.
3. GWA will only be responsible for the total amount indicated in this Purchase Order and any amount in excess of that amount will not be paid by GWA.
4. All invoices (original/s and duplicate/s) must be forwarded to Accounts Payable Department of the Guam Waterworks Authority. These invoices must be properly endorsed or signed by authorized GWA personnel as indicated in the Purchase Order. And invoices should be provided to GWA within the month in which the purchases and/or services were rendered.
5. All vendors with an outstanding unpaid invoice at the end of the month after the goods or services were rendered must provide monthly vendor statements to the Accounts Payable Supervisor at GWA.
6. No variation in any of the terms, conditions, delivery dates, prices, quality, quantity or specifications under this order, regardless of the conditions or terms of the seller's acceptance, will be effective without the written consent of a person specifically authorized by GWA to make such changes.
7. Packing lists must accompany each shipment which indicate the order number and a detailed description and goods or services provided, including, but not limited to, the part number and serial number for each item delivered.
8. Shipments must be identified as either "PARTIAL" or "COMPLETE."
9. All goods delivered are subject to GWA's inspection and acceptance within a reasonable time after delivery. If the specifications are not met and are rejected by GWA, the goods shall be returned at the seller's expense.
10. In connection with any prompt payment discount offered the time will be computed from date of delivery and acceptance at destination or from the date the correct invoice or voucher is received in by the Guam Waterworks Authority, if the latter is later than date of delivery and acceptance. Payment is deemed to be made, for the purpose of earning any discount on the date the check is mailed.
11. Shipments in excess of the amount stated in the order will not be accepted unless specifically approved by a GWA official authorized to make such changes.



 <b>GUAM WATERWORKS AUTHORITY</b> 1 : Page 6200, S/L 01/27/17, Date FOB GWA, P.O.B.	<b>PURCHASE ORDER</b> <b>GUAM WATERWORKS AUTHORITY</b> P.O. Box 3010, Hagatna, Guam 96932 PHONE: (671) 647-7818 FAX: (671) 649-3750	No. 300473-000 OP THIS PURCHASE ORDER MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, S/L CORRESPONDENCE, ETC. Payment Terms: Net 30 Days																									
<b>VENDOR:</b> LGI PACIFIC GUAM, INC. DBA: LADERA TOWER 318 LADERA LANE #2110 MANGILAO, GUAM 96913		<b>SHIP TO:</b> GUAM WATERWORKS AUTHORITY 578 N. Marine Corps. Dr. ATTENTION: P & S WAREHOUSE Tamuning GU 96913																									
<b>AUTHORITY</b> FL 16-124 / FL 31-148	<b>IPS / REFERENCE</b>	<b>TIME FOR DELIVERY</b> 09/30/2017																									
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DO NOT FILL THIS ORDER If your total cost exceeds this total.		<b>SIGNATURE:</b> Miguel C. Nolasco, General Manager NAME <b>ORIGINAL</b> TITLE																									
ACKNOWLEDGED BY: <i>Mary Torres</i> DATE: 1/27/17 SIGNATURE OF VENDOR RETURN TO PROCUREMENT DIVISION AT THE ABOVE ADDRESS																											

FORM 1001

 <b>GUAM WATERWORKS AUTHORITY</b> 2 : Page 6200, s/s 01/27/17, Date FOB GHA, F.O.B.		<b>PURCHASE ORDER</b> <b>GUAM WATERWORKS AUTHORITY</b> P.O. Box 3010, Hagatna, Guam 96932 PHONE: (671) 647-7818 FAX: (671) 649-3750		No. 300473-000 OP THIS PURCHASE ORDER MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L CORRESPONDENCE, ETC. Payment Terms: Net 30 Days																					
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ACKNOWLEDGED BY: <u>Mick Mangilao</u> DATE: <u>1/27/17</u> SIGNATURE OF VENDOR				SIGNATURE: <u>[Signature]</u> For <u>Miguel C. Borja</u> General Manager NAME <b>ORIGINAL</b> TITLE																					
RETURN TO PROCUREMENT DIVISION AT THE ABOVE ADDRESS																									

FORGIVEN





## GUAM WATERWORKS AUTHORITY

Gloria B. Nelson Public Services Building  
688 Route 15, Magilao Guam 96913

March 02, 2017

Amendment No: 017-0052

LGI PACIFIC GUAM, INC  
DBA: LADERA TOWER  
310 LADERA LANE # 2110  
MANGILAO, GUAM 96913

Vendor No: 20771  
Purchase Order No / Bid No: 300473-000-OP  
Subject: Amendment No: 1 / OR# 29776

In reference to the above subject matter, please take the following action(s) upon receipt of this Pro Format letter. (X) Marked in the box opposite the action is/are the action (s) to be taken:

- ☐ Cancel in its entirety
- ☐ The substitute item(s) is/are acceptable, proceed with the shipment
- ☐ Cancel the balance and consider the order complete
- ☐ Please advise status of our order. URGENT
- ☒ Other: **AMENDMENT ISSUED TO CHANGE PURCHASE ORDER TOTAL AMOUNT FROM \$3,500.00 TO NOW READ NEW PO AMOUNT \$6,500.00 A COST INCREASE OF \$3,000.00. THE ADDITIONAL COST IS FOR ONE (1) MONTH STAY FROM MARCH 03, 2017 TO APRIL 02, 2017. APPROVED BY LEGAL COUNSEL. ALL OTHERS REMAIN THE SAME.**



3.3.17  
Miguel C. Bordonallo, P.E.  
General Manager

Please acknowledge receipt by signing:

 3/3/17  
Vendor Signature Date

Comments:

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## GUAM WATERWORKS AUTHORITY

Gloria B. Nelson Public Services Building  
688 Route 15, Magilao Guam 96913

April 26, 2017

Amendment No: 017-0075

LGI PACIFIC GUAM, INC  
DBA: LADERA TOWER  
310 LADERA LANE # 2110  
MANGILAO, GUAM 96913

Vendor No: 20771

Purchase Order No / Bid No: 300473-000-OP

Subject: Amendment No: 3 / OR# 29776

In reference to the above subject matter, please take the following action(s) upon receipt of this Pro Format letter. (X) Marked in the box opposite the action is/are the action (s) to be taken:

- ☐ Cancel in its entirety
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- ☐ Please advise status of our order. URGENT
- ☒ Other: **AMENDMENT ISSUED TO CHANGE PURCHASE ORDER TOTAL AMOUNT FROM \$6,500.00 TO NOW READ NEW PO AMOUNT \$9,500.00 A COST INCREASE OF \$3,000.00. THE ADDITIONAL COST IS FOR ONE (1) MONTH STAY FROM MAY 03, 2017 TO JUNE 02, 2017. APPROVED BY GENERAL MANAGER. ALL OTHERS REMAIN THE SAME.**



Miguel C. Bordallo, P.E.  
General Manager


Please acknowledge receipt by signing:


Mitchell Mardana , 5/1/17  
Vendor Signature                      Date

Comments:



## EXHIBIT "D"

<b>GUAM WATERWORKS AUTHORITY</b> 1 : Page 6200: n/v 01/20/17: Date FOR GWA: P.O.	<b>PURCHASE ORDER</b> <b>GUAM WATERWORKS AUTHORITY</b> P.O. Box 3010, Hagatna, Guam 96932 PHONE: (671) 647-7818 FAX: (671) 649-3750	NO. 300439-000 OP THIS PURCHASE ORDER MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L CORRESPONDENCE, ETC. Payment Terms: Net 30 Days																									
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<b>ACKNOWLEDGED BY:</b>  <b>DATE:</b> 1-23-17 <b>SIGNATURE OF VENDOR</b> RETURN TO PROCUREMENT DIVISION AT THE ABOVE ADDRESS		<b>SIGNATURE:</b> Miguel C. Fordatic, P.E. General Manager <b>NAME</b> <b>ORIGINAL</b> <b>TITLE</b>																									

 <b>GUAM WATERWORKS AUTHORITY</b> 2 : Page 6200: S/U 01/20/17: Date FOB GWA, P.O.B.	<b>PURCHASE ORDER</b> <b>GUAM WATERWORKS AUTHORITY</b> P.O. Box 3010, Hagatna, Guam 96932 PHONE: (671) 647-7818 FAX: (671) 649-3750	No. 300439-000 OP THIS PURCHASE ORDER MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L CORRESPONDENCE, ETC. Payment Terms: Net 30 Days
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<b>VENDOR:</b> GUAM MINI STORAGE P.O. BOX 7260 TAMUNING GU 96931	<b>SHIP TO:</b> GUAM WATERWORKS AUTHORITY 578 N. Marine Corps. Dr. ATTENTION: P & S WAREHOUSE Tamuning GU 96913
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<b>AUTHORITY</b> FL 16-124 / FL 21-148	<b>IFS / REFERENCE</b>	<b>TIME FOR DELIVERY</b>	<b>EXPIRATION</b> 09/30/2017
---	------------------------	--------------------------	---------------------------------

ARTICLES OR SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
- ALL UNITS ARE 9 FEET IN HEIGHT - DRIVE UP TO EACH UNIT - UNITS ACCESSIBLE 7 DAYS A WEEK, 365 DAYS A YEAR - ALL CONCRETE CONSTRUCTION WITH METAL ROLL UP DOORS - COMPUTERIZED ACCESS FOR ADDITIONAL SECURITY * - GUAM MINI STORAGE WILL WAIVE THE SECURITY DEPOSIT PLUS THE REMAINDER OF JANUARY. -A \$35.00 LATE FEE - MAY BE APPLIED IF PAYMENT MADE AFTER THE 10TH OF EACH MONTH. *				
STORAGE SPACE RENTAL		EA	.00 EA	286.00



  

NOTE: "SUBJECT TO THE GUAM PROCUREMENT CODE AND ACCOMPANYING REGULATIONS"

<b>SPECIAL INSTRUCTIONS TO VENDOR:</b> Send certified original and three (3) copies of invoice to Guam Waterworks Authority, Government of Guam, at the address above above. Payment upon receipt of merchandise in Guam in good condition. SEE BACK FOR TERMS AND CONDITIONS	<b>TOTAL</b> \$ 286.00
---	---------------------------

ACKNOWLEDGED BY:  DATE: 1-23-17 SIGNATURE OF VENDOR RETURN TO PROCUREMENT DIVISION AT THE ABOVE ADDRESS	DO NOT FILL THIS ORDER IF YOUR TOTAL COST EXCEEDS THIS TOTAL. >> SIGNATURE:  1-20-17 Miguel C. Bordallo, P.E., General Manager NAME TITLE
--	---

ORIGINAL



6716493750

GWA Procurement Supply

08:45:36 a.m. 03-20-2017

1 / 4



## GUAM WATERWORKS AUTHORITY

Gloria B. Nelson Public Services Building  
688 Route 15, Magilao Guam 96913

March 17, 2017

Amendment No: 017-0085

GUAM MINI STORAGE  
P.O. BOX. 7280  
TAMUNING, GUAM 96931

Vendor No: 21814  
Purchase Order No / Bid No: 300439-000-OP  
Subject: Amendment No: 1 / OR# 29742

In reference to the above subject matter, please take the following action(s) upon receipt of this Pro Format letter. (X) Marked in the box opposite the action is/are the action (s) to be taken:

- ☐ Cancel in its entirety
- ☐ The substitute item(s) is/are acceptable, proceed with the shipment
- ☐ Cancel the balance and consider the order complete
- ☐ Please advise status of our order. URGENT
- ☒ Other: **AMENDMENT ISSUED TO CHANGE PO TOTAL AMOUNT FROM \$286.00 TO NOW READ AS FOLLOWS \$429.00 A COST INCREASE OF \$143.00 FOR AN ADDITIONAL RENTAL MONTH FOR APRIL. APPROVED BY LEGAL COUNSEL. ALL OTHERS REMAIN THE SAME.**



Miguel C. Bordallo, P.E. 3-17-17  
General Manager

Please acknowledge receipt by signing:

 , 3-20-17  
Vendor Signature Date

Comments:



## GUAM WATERWORKS AUTHORITY

Gloria B. Nelson Public Services Building  
688 Route 15, Magilao Guam 96913

April 26, 2017

Amendment No: 017-0076

GUAM MINI STORAGE  
P.O. BOX. 7260  
TAMUNING, GUAM 96931

Vendor No: 21814  
Purchase Order No / Bid No: 300439-000-OP  
Subject: Amendment No: 2 / OR# 28742


In reference to the above subject matter, please take the following action(s) upon receipt of this Pro Format letter. (X) Marked in the box opposite the action is/are the action (s) to be taken:

- ☐ Cancel in its entirety
- ☐ The substitute item(s) is/are acceptable, proceed with the shipment
- ☐ Cancel the balance and consider the order complete
- ☐ Please advise status of our order. URGENT
- ☒ Other: **AMENDMENT ISSUED TO CHANGE PO TOTAL AMOUNT FROM \$429.00 TO NOW READ AS FOLLOWS \$572.00 A COST INCREASE OF \$143.00 FOR AN ADDITIONAL RENTAL MONTH FOR MAY. APPROVED BY GENERAL MANAGER. ALL OTHERS REMAIN THE SAME.**



Miguel C. Bordallo, P.E.  
General Manager

Please acknowledge receipt by signing:

 5-17  
Vendor Signature Date

Comments:



EXHIBIT "E"

THIS DOCUMENT HAS A SECURITY COLOR BACKGROUND ON FACE AND ORIGINAL DOCUMENT SECURITY SCREEN ON REVERSE. SECURITY SCREEN ON REVERSE.

GUAM WATERWORKS AUTHORITY  
P.O. BOX 3010 HAGATNA, GUAM 96932  
TEL: (671) 300-6861 / 6849

## GENERAL FUND ACCOUNT

HAGATNA BRANCH  
BANK OF GUAM  
HAGATNA BRANCH  
101-511  
1214

Check No. 072424

01/19/17  
00072424

PAY THREE THOUSAND AND 00/100 \*\*\*\*\*

TO THE ORDER OF

AMOUNT  
\$\*\*\*\*\*3,000.00

JOSEPH M. M. CRUZ AND SANDRA PABLO  
110 S. SAN MIGUEL ST.  
TALOFOFO GU 96915



TWO SIGNATURES REQUIRED OVER \$10,000

⑈072424⑈ ⑆121405115⑆ 0601⑈014149⑈

GUAM WATERWORKS AUTHORITY P.O. Box 3010 Hagatna, Guam 96932

INVOICE DATE INVOICE NUMBER  
01/19/17

072424

REMITTANCE ADVICE

Stub 1 of 1

DEC 2016 C 011917 CLAIMS - SEWER OVERFLOWS

3,000.00

3,000.00

3,000.00


3,000.00

RECEIVED

2017 JAN 27 AM 9:29

G.W.A.  
FINANCE DIVISION

GUAM WATERWORKS AUTHORITY  
P.O. BOX 3010  
HAGATNA, GU 96932

Rec'd   
1/25/17

JOSEPH M. M. CRUZ AND SANDRA PABLO  
110 S. SAN MIGUEL ST.  
TALOFOFO GU 96915

072424

EXHIBIT "F"



**GUAM WATERWORKS AUTHORITY**

Gloria B. Nelson Public Service Building • 688 Route 15 • Mangilao, Guam 96913

January 19, 2017

Mr. Joseph M. M. Cruz and Ms. Sandra Pablo  
110 S. San Miguel St.  
Talofofo, Guam 96915

Dear Mr. Cruz & Ms. Pablo:

The Guam Waterworks Authority has responded to your complaint of sewage back-up into your home. I understand that you are in the process of filing a claim against GWA for damages incurred to your personal property and accommodations for your family until repairs have been completed to the home. GWA will investigate and respond to your claim as quickly as possible and as required by law. We urge you to get the claim submitted to GWA at your earliest convenience.

To expedite relocation into your home, GWA is providing you \$3,000 to assist you with your housing accommodations. Your acceptance of this payment prior to a completed investigation is your acknowledgement that this amount will be reduced from any settlement funds arising out of your claim.

Again, GWA will work as quickly as possible to complete its investigation and address your claim accordingly. My staff will contact you for further information as necessary. Otherwise, you may contact Nicole Ballesta-Quan at 300-6038 should you need information. Thank you very much.

Sincerely,

  
**MIGUEL C. BORDALLO, P.E.**  
General Manager

ACCEPTED:

  
\_\_\_\_\_  
JOSEPH M. M. CRUZ

  
\_\_\_\_\_  
SANDRA PABLO

DATE:

1/25/17





Gloria B. Nelson Public Service Building | 688 Route 15 | Mangilao, Guam 96913  
Tel: (671) 300-6846

## **Issues for Decision**

### **Resolution No. 41-FY2017**

Relative to Approving the Terms of the Proposed Settlement in the Claim Against the Guam Waterworks Authority by Joseph M.M. Cruz also Referenced as Government Claim GWA GC No. 2017-003

### **What is the project's objective and is it necessary and urgent?**

On December 30, 2016 a sewer overflow caused real property damage to the Cruz's home. As a result of the sewer overflow Angel and Joseph filed a Government Claim against GWA for damages sustained to two bathrooms, three bedrooms, kitchen and living room. Aside from the real property and personal property damage sustained a separate Government Claim for loss of wages was filed by Mr. Joseph Cruz in the amount of \$5,061.84.

Pursuant to 5 G.C.A. §6206 the Release and Settlement Agreement requires the Attorney General of Guam and the Governor to approve before the settlement check can be issued.

### **Where is the location?**

110 South San Miguel Street Talofofo, Guam

### **How much will it cost?**

The recommendation for settlement of the loss of wages claim is \$5,061.84. GWA has offered as part of the final settlement offer the issuance of \$3,000 before July 16, 2017. Therefore, the remaining settlement amount would be \$2,061.84.

### **When will it be completed?**

This claim will be completed after the Release and Settlement Agreement has been approved by the CCU, then forwarded to the Office of the Attorney General and the Office of the Governor for their review and signature.

### **What is the funding source?**

Revenue Funded



CONSOLIDATED COMMISSION ON UTILITIES  
Guam Power Authority | Guam Waterworks Authority  
P.O. Box 2977 Hagatna, Guam 96932 | (671)649-3002 | guamccu.org

**RESOLUTION NO. 41-FY2017**

**RELATIVE TO APPROVING THE TERMS OF THE PROPOSED SETTLEMENT IN  
THE CLAIM AGAINST THE GUAM WATERWORKS AUTHORITY BY  
JOSEPH M.M. CRUZ ALSO REFERENCED  
AS GWA GOVERNMENT CLAIM NO. 2017-003**

**WHEREAS**, under 12 G.C.A. § 14105, the Consolidated Commission on Utilities (“CCU”) has plenary authority over financial, contractual and policy matters relative to the Guam Waterworks Authority (“GWA”); and

**WHEREAS**, the Guam Waterworks Authority (“GWA”) is a Guam Public Corporation established and existing under the laws of Guam; and

**WHEREAS**, the Government Claims Act 5 G.C.A. §6206 requires approval of the Board for all other claims in excess of Three Thousand Dollars (\$3,000.00), excluding motor vehicle damage and personal injury claims less than \$15,000; and

**WHEREAS**, on December 30, 2016 manhole number 3634 was surcharging. GWA personnel arrived at approximately 4:30 p.m. to attempt clear the line. Detry Plumbing was then contacted to assist GWA personnel to clear the sewer line of the obstruction later identified as grease and rag buildup. Detry Plumbing utilized a combination truck and jetted the sewer line from manhole number 3638 upstream (approximately 50 feet) where the obstruction was located. As a result of this obstruction, sewage overflowed into the Cruz residence (110 S. San Miguel St. Talofofo Guam) via the two bathrooms in the home causing personal property and real property damage; and

**WHEREAS**, on February 22, 2017 Mr. Joseph M.M. Cruz (“Claimant”), one of the legal homeowners of 110 S. San Miguel Street Talofofo, Guam simultaneously filed a claim against



1 GWA in the amount of Five Thousand Sixty One Dollars and Eighty Four Cents (\$5,061.84) *for*  
2 *loss of wages* as missed days of work as a result of the sewer overflow into his home, Exhibit  
3 "A"; and  
4

5 **WHEREAS**, GWA has determined that claimant should be compensated for the loss of  
6 wages as a result of the December 30, 2016 sewer overflow totaling Five Thousand Sixty One  
7 Dollars and Eighty Four Cents (\$5,061.84) which shall be paid upon signing of the Release &  
8 Settlement agreement; and  
9

10 **WHEREAS**, GWA has offered as part of the final settlement offer issuance of Three  
11 Thousand Dollars (\$3,000.00) before July 16, 2017 to assist the family with initial expenses  
12 resulting from the overflow. This amount of \$3,000.00 will be reduced from the Five Thousand  
13 Sixty One Dollars and Eighty Four Cents (\$5,061.84).  
14

15 **WHEREAS**, GWA believes the proposed settlement and method of payment to be fair  
16 and reasonable; and  
17

18 **WHEREAS**, the Consolidated Commission on Utilities finds that this proposed  
19 settlement is just and reasonable considering the circumstances.  
20

21 **NOW THEREFORE, BE IT RESOLVED**, the Consolidated Commission on Utilities  
22 does hereby find, authorize and approve the following:  
23

- 24 1. Mr. Joseph M.M. Cruz sustained loss of wages as a result of a sewage over flow into  
25 his residence, 110 S. San Miguel Street Talofofo, Guam on December 30, 2016.
- 26 2. Mr. Joseph M.M. Cruz has provided proof to GWA of the loss of wages (184 of  
27 Annual Leave hours) from January 3, 2017 through February 3, 2017 to remove  
28 damaged personal property and the relocation of his family (Exhibit A).
- 29 3. That GWA issue a check in the amount of Three Thousand Dollars (\$3,000.00) as  
30 part of the final settlement offer on or before July 16, 2017 to assist the family with  
31 initial expenses.  
32

4. That GWA may pay the Claimant an amount of Two Thousand Sixty One Dollars and Eighty Four Cents (\$2,061.84) following the execution of a Release and Settlement Agreement.
5. The CCU finds the offer fair and reasonable under the circumstances.
6. The GWA GM is authorized to sign all documents necessary to settle the claim as approved by the CCU.

**RESOLVED**, that the Chairman certifies and Board Secretary attests to the adoption of the Resolution.

**DULY AND REGULARLY ADOPTED AND APPROVED** this 6<sup>th</sup> day of July, 2017.

Certified by:

Attested by:

\_\_\_\_\_  
**JOSEPH T. DUENAS**  
Chairperson

\_\_\_\_\_  
**J. GEORGE BAMBA**  
Secretary

I, J. George Bamba, Board Secretary for the Consolidated Commission on Utilities, as evidenced by my signature above do hereby certify as follows:

The foregoing is a full, true and accurate copy of the resolution duly adopted at a regular meeting by the member of the Guam Consolidated Commission on Utilities, duly and legally held at a place properly noticed and advertised at which meeting a quorum was present and the members who were presented voted as follows:

AYES: \_\_\_\_\_

NAYS: \_\_\_\_\_

ABSTENTIONS: \_\_\_\_\_

ABSENT: \_\_\_\_\_

///

///



EXHIBIT "A"



## Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



### FILING A CLAIM AGAINST THE GOVERNMENT

Please be advised that under the Government Claims Act (5 G.C.A., Chapter 6), the government has **SIX (06) MONTHS** in which to investigate and either grant, settle, or deny your claim.

If your claim involves a **traffic accident**, you need to submit:

1. A copy of the police report;
2. A copy of the vehicle registration;
3. Two to three estimates of repair from a licensed auto repair shop
4. Pictures of the damages

If your claim involves **wages**, you need to submit:

- Any documents of proof of wages owed.

If your claim involves a **dormant bank account**, you need to submit:

- Account name, account number, address, social security number, and proof of authorized access to account funds.

Please provide **copies** of all documents. We are unable to make copies due to budgetary cuts. If you have any questions, please call our office at 475-3324.

*Please read, sign and return the letter on the reverse side of this sheet. Thank you.*





## Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



Dear Claimant:

Pursuant to the Government Claims Act (Public Law 17-29), the government has six (06) months to investigate and either grant, settle or deny your claim. If you are claiming property damage to a motor vehicle involved in an accident, we will make a determination on this part of your claim within thirty (30) days pursuant to Public Law 25-130, provided you furnish us with all the documents necessary to process your claim.

Although most claims require the full six (06) months for review and final decision, smaller claims usually take less time than larger ones; however, they are considered equally. If after six (06) months your claim has not been settled or you have not been notified by our office that your claim was denied, you may institute an action in the Superior Court of Guam for money damages.

Additional questions on the status of this claim should be directed to the undersigned.

*Thank you* in advance for your cooperation.

Sincerely,

DONALD V. SAN AGUSTIN  
Assistant Claims Officer

I have read and fully understand the above.

Print Name: \_\_\_\_\_

Joseph M. Cruz

Signature: \_\_\_\_\_

Joe M. Cruz

Date: \_\_\_\_\_

2/22/17



# Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



## CLAIM AGAINST THE GOVERNMENT

(Please complete the form in its entirety. **DO NOT** leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant: Joseph mm Cruz
2. Mailing Address: PO Box 3634 Hagatna GU 96932  
Home/Work Address: 110 South San Miguel St. Talofofo GU 96915
3. Home Telephone 969-1873/988-3106 Work Telephone 475-6208
4. Amount of Damages you are claiming: \$ 5,061.84
5. Any other relief you are claiming: NA
6. Government Agency Responsible: GWA Guam Waterworks Authority
7. Date Claim arose: Dec. 30, 2016
8. Your statement of facts upon which you base your claim. Attach extra sheet(s) if necessary.  
Loss of Home due to raw sewage (Submerged in home)  
Please see attachment.
9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ NA
11. I have the following insurance covering this claim: NA
12. I am the real party in interest except for the following parties who have an interest in this claim:  
NA
13. I have received the following compensation/repairs from other parties: NA
14. Name, address, and telephone of attorney representing claimant, if any:  
NA

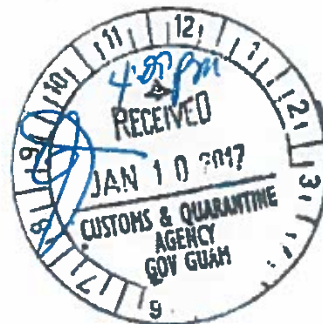
All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

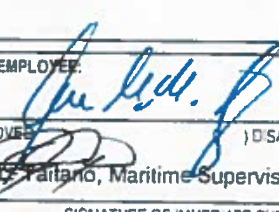
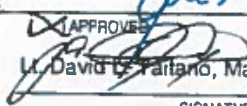

I, Joseph mm Cruz, declare under penalty of perjury that the foregoing is true and correct.  
Date 2/22/17 Claimant's Signature [Signature]

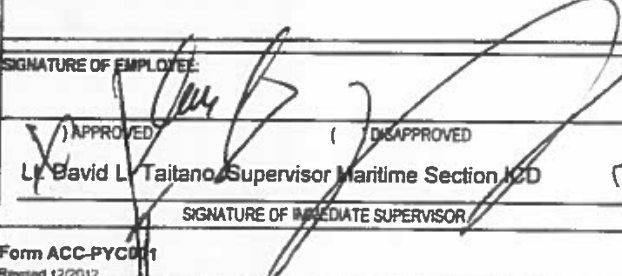


LEAVE APPLICATION FORM			COPY
NAME (First, Middle, Last) <b>Joseph M.M. Cruz</b>		SOCIAL SECURITY NO.: <b>0037</b>	DATE OF REQUEST: <b>01/06/17</b>
TYPE OF LEAVE REQUESTED <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> LEAVE W/O PAY <input type="checkbox"/> COMP-TIME OFF <input type="checkbox"/> TRAINING (LOCAL / OFF-ISLAND) <input type="checkbox"/> OTHER			
LEAVE PERIOD			
FROM (Hour, Month, Day, Year) <b>0800/// 01/03/17</b>		TO: (Hour, Month, Day, Year) <b>1700/// 01/06/17</b>	TOTAL HOURS REQUESTED: <b>32.00</b>
ADDRESS WHILE ON LEAVE: <b>110 South San Miguel St. Talofofo</b>			
APPLICATION FOR PREPAYMENT OF VACATION LEAVE			
Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.			
FROM (Hour, Month, Day, Year)		TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
SICK LEAVE CERTIFICATION			
I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.			
FROM: (Month, Day, Year)		TO: (Month, Day, Year)	TOTAL NO. OF DAYS
REMARKS:			
NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)		SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL	
SIGNATURE OF EMPLOYEE <i>Joseph M.M. Cruz</i>			
<input checked="" type="checkbox"/> APPROVED <i>Lt. Daniel E. Tardano, Maritime Supervisor ICD</i> SIGNATURE OF IMMEDIATE SUPERVISOR		<input checked="" type="checkbox"/> APPROVED <i>Major Philip S.N. Tajarón Jr., Asst. Chief ICD</i> SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY	
Form ACC-PYC001			
Revised 12/2012			

**RECEIVED**  
**JAN 11 2017**  
**DEPT OF HEALTH**  
**Small Station**



LEAVE APPLICATION FORM		
NAME (First, Middle, Last) <b>Joseph M.M. Cruz</b>		SOCIAL SECURITY NO.: <b>0037</b>
DATE OF REQUEST: <b>01/06/17</b>		
TYPE OF LEAVE REQUESTED <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> LEAVE W/O PAY <input type="checkbox"/> COMP-TIME OFF <input type="checkbox"/> TRAINING <input type="checkbox"/> LOCAL / OFF-ISLAND <input type="checkbox"/> OTHER		
LEAVE PERIOD		
FROM (Hour, Month, Day, Year) <b>0800/// 01/09/17</b>	TO (Hour, Month, Day, Year) <b>1700/// 01/20/17</b>	TOTAL HOURS REQUESTED: <b>72.00</b>
ADDRESS WHILE ON LEAVE: <b>110 South San Miguel St. Talofoto</b>		
APPLICATION FOR PREPAYMENT OF VACATION LEAVE		
Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.		
FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
SICK LEAVE CERTIFICATION		
I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.		
FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS
REMARKS:		
NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)		SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL
SIGNATURE OF EMPLOYEE: 		
<input checked="" type="checkbox"/> APPROVED  Lt. David L. Paitano, Maritime Supervisor ICD SIGNATURE OF IMMEDIATE SUPERVISOR		<input checked="" type="checkbox"/> APPROVED  JAMES T. McDONALD, DIRECTOR, CBA SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY
Form ACC-PYC001 Revised 12/2012		

LEAVE APPLICATION FORM		
NAME (First, Middle, Last) <b>JOSEPH M.M. CRUZ</b>		SOCIAL SECURITY NO.: <b>-0037</b>
		DATE OF REQUEST: <b>01/17/17</b>
TYPE OF LEAVE REQUESTED <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> LEAVE W/O PAY <input type="checkbox"/> COMP-TIME OFF <input type="checkbox"/> TRAINING (LOCAL / OFF-ISLAND) <input type="checkbox"/> OTHER		
LEAVE PERIOD		
FROM (Hour, Month, Day, Year) <b>0800 hours 01/23/17</b>	TO: (Hour, Month, Day, Year) <b>1700 hours 2/03/17</b>	TOTAL HOURS REQUESTED: <b>80.00</b>
ADDRESS WHILE ON LEAVE: <b>110 SOUTH SAN MIGUEL STREET TALOFOFO, GU 96915</b>		
APPLICATION FOR PREPAYMENT OF VACATION LEAVE		
Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.		
FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
SICK LEAVE CERTIFICATION		
I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.		
FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS:
REMARKS:		
NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)		SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL
SIGNATURE OF EMPLOYEE:		
		
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <b>Lt. David L. Taitano, Supervisor Maritime Section ICD</b>		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <b>James T. McDonald, Director of CQA</b>
SIGNATURE OF IMMEDIATE SUPERVISOR		SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY
Form ACC-PYC001 Revised 12/2012		



DEPT OF ADMINISTRATION  
Employee Earnings Statement 2/10/2017

Employee number . . . . . : 12605      Dept . . . . . : 3223  
Employee name . . . . . : JOSEPH MM GRUZ  
Pay period ending . . . . . : 2/04/2017      Hourly rate . . . . . : 27.51

EARNINGS INFORMATION

	----- Hours -----			
	Current	YTD	Current	YTD
Work hours . . . . . :		35.00		962.85
Annual leave . . . . . :			2200.80	5061.84
Sick leave . . . . . :				
Other leave . . . . . :		24.00		660.24
Premium pay . . . . . :		1.00		2.75
Overtime . . . . . :				
Retroactive pay . . . . . :				272.35
Other pay . . . . . :				
Gross pay . . . . . :			2200.80	6960.03
Tax deferred amount. . . . . :			251.33	758.12
Adjusted gross pay . . . . . :			1949.47	6201.91

LEAVE INFORMATION

	----- Hours -----	
	Current	YTD
Annual Leave		
Accrued . . . . . :	8.00	24.00
Received (donated) . . . . . :		
Used . . . . . :	80.00	184.00
Balance. . . . . :		348.00
Sick Leave		
Accrued . . . . . :	4.00	12.00
Received (donated) . . . . . :		
Used . . . . . :		
Balance. . . . . :		894.00
Compensatory time balance . . . . . :		

WITHHOLDING & DEDUCTION INFORMATION

	Current	YTD
Guam income tax . . . . . :	97.68	305.21
Social security tax . . . . . :		
Medicare tax . . . . . :	29.87	94.80
Defined benefit plan . . . . . :		
Defined contribution plan . . . . . :	110.04	334.25
Health insurance . . . . . :	107.90	323.70
Dental insurance . . . . . :	32.64	97.92
Life insurance . . . . . :	4.02	12.06
Statutory withholding total . . . . . :	382.15	1167.94
	<u>Account</u>	<u>Current</u>
ADMINISTRATIVE SERVICES CORP.	.75	2.25
BANK OF GUAM	5.00	15.00
COLN NATIONAL LIFE INS. CO.	101.91	305.73
AST360 FEDERAL CREDIT UNION	1710.99	5200.71
Total withholding & deductions . . . . . :	2200.80	6691.63

DEPT OF ADMINISTRATION  
Employee Earnings Statement 1/13/2017

Employee number . . . . . : 12605      Dept . . . . . : 3223  
Employee name . . . . . : JOSEPH MM CRUZ  
Pay period ending . . . . . : 1/07/2017      Hourly rate . . . . . : 27.51

<u>EARNINGS INFORMATION</u>		----- Hours -----			
		<u>Current</u>	<u>YTD</u>	<u>Current</u>	<u>YTD</u>
Work hours . . . . .	:	35.00	35.00	962.85	962.85
Annual leave . . . . .	:			880.32	880.32
Sick leave . . . . .	:				
Other leave . . . . .	:	16.00	16.00	440.16	440.16
Premium pay . . . . .	:	1.00	1.00	2.75	2.75
Overtime . . . . .	:				
Retroactive pay . . . . .	:				
Other pay . . . . .	:				
Gross pay				2286.08	2286.08
Tax deferred amount . . . . .	:			255.46	255.46
Adjusted gross pay				2030.62	2030.62

<u>LEAVE INFORMATION</u>		----- Hours -----	
		<u>Current</u>	<u>YTD</u>
Annual Leave			
Accrued . . . . .	:	8.00	8.00
Received (donated) . . . . .	:		
Used . . . . .	:	32.00	32.00
Balance . . . . .	:		484.00
Sick Leave			
Accrued . . . . .	:	4.00	4.00
Received (donated) . . . . .	:		
Used . . . . .	:		
Balance . . . . .	:		894.00
Compensatory time balance . . . . .	:		

<u>WITHHOLDING &amp; DEDUCTION INFORMATION</u>		<u>Current</u>	<u>YTD</u>
Guam income tax . . . . .	:	109.85	109.85
Social security tax . . . . .	:		
Medicare tax . . . . .	:	31.11	31.11
Defined benefit plan . . . . .	:		
Defined contribution plan . . . . .	:	114.17	114.17
Health insurance . . . . .	:	107.90	107.90
Dental insurance . . . . .	:	32.64	32.64
Life insurance . . . . .	:	4.02	4.02
Statutory withholding total		399.69	399.69
		<u>Current</u>	<u>YTD</u>
ADMINISTRATIVE SERVICES CORP.		.75	.75
BANK OF GUAM		5.00	5.00
LINCOLN NATIONAL LIFE INS. CO.		101.91	101.91
COAST360 FEDERAL CREDIT UNION		1778.73	1778.73
Total withholding & deductions		2286.08	2286.08

DEPT OF ADMINISTRATION  
Employee Earnings Statement 1/13/2017

Employee number . . . . . : 12605                      Dept . . . . . : 3223  
Employee name . . . . . : JOSEPH MM CRUZ  
Pay period ending . . . . . : 1/07/2017                      Hourly rate . . . . . : 27.51

EARNINGS INFORMATION

	----- Hours -----			
	Current	YTD	Current	YTD
Work hours . . . . . :	35.00	35.00	962.85	962.85
Annual leave . . . . . :			880.32	880.32
Sick leave . . . . . :				
Other leave . . . . . :	16.00	16.00	440.16	440.16
Premium pay . . . . . :	1.00	1.00	2.75	2.75
Overtime . . . . . :				
Retroactive pay . . . . . :				
Other pay . . . . . :				
Gross pay			2286.08	2286.08
Tax deferred amount. . . . . :			255.46	255.46
Adjusted gross pay			2030.62	2030.62

LEAVE INFORMATION

	----- Hours -----	
	Current	YTD
Annual Leave		
Accrued . . . . . :	8.00	8.00
Received (donated) . . . . . :		
Used . . . . . :	32.00	32.00
Balance. . . . . :		484.00
Sick Leave		
Accrued . . . . . :	4.00	4.00
Received (donated) . . . . . :		
Used . . . . . :		
Balance. . . . . :		894.00
Compensatory time balance . . . . . :		

WITHHOLDING & DEDUCTION INFORMATION

	Current	YTD
Guam income tax . . . . . :	109.85	109.85
Social security tax . . . . . :		
Medicare tax . . . . . :	31.11	31.11
Defined benefit plan . . . . . :		
Defined contribution plan . . . . . :	114.17	114.17
Health insurance . . . . . :	107.90	107.90
Dental insurance . . . . . :	32.64	32.64
Life insurance . . . . . :	4.02	4.02
Statutory withholding total	399.69	399.69
	<u>Current</u>	<u>YTD</u>
ADMINISTRATIVE SERVICES CORP.	.75	.75
BANK OF GUAM	5.00	5.00
LINCOLN NATIONAL LIFE INS. CO.	101.91	101.91
COAST360 FEDERAL CREDIT UNION	1778.73	1778.73
Total withholding & deductions	2286.08	2286.08