

# Island County Public Health



Mailing Address: 1 NE 7<sup>th</sup> Street, Coupeville, WA 98239  
Physical Address: 1 NE 6<sup>th</sup> Street, Coupeville, WA 98239  
Ph: Whidbey 360-679-7350 | Camano 360-678-8261 | N Whidbey 360-240-5554  
Email: publichealth@islandcountywa.gov | www.islandcountywa.gov

Receipt #: \_\_\_\_\_

Application #: \_\_\_\_\_

## WATER SYSTEM APPLICATION

### PROJECT INFORMATION

New public water system; # of connections: \_\_\_\_\_  Registration of an existing water system  
 Expansion / Improvements of an existing water system (name): \_\_\_\_\_  
PWS ID# \_\_\_\_\_ # of existing connections: \_\_\_\_\_ # of proposed connections: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_

### WELL SITE OWNER INFORMATION

Property Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Property Owner Signature: \_\_\_\_\_

### WELL SITE INFORMATION

Parcel Number: \_\_\_\_\_  
Parcel Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### WATER SYSTEM INFORMATION

Parcels served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information must be submitted:

Applicant Use	SUPPLEMENTAL CHECKLIST	Staff Use Only
<b>TWO-PARTY WATER SYSTEM (2 connections only)</b>		
<input type="checkbox"/>	A copy of an approved well site inspection	<input type="checkbox"/>
<input type="checkbox"/>	A scaled plot plan showing the location of the well, 100-foot radius sanitary control area, property lines, buildings, septic tanks, lines and drainfields	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the well driller's well report (well log)	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the pump test	<input type="checkbox"/>
<input type="checkbox"/>	Water quality test results from a state accredited lab: Complete Inorganic Chemical (primary and secondary contaminants) – tested within the last 3 years	<input type="checkbox"/>
<input type="checkbox"/>	Coliform bacteria – tested within the last year	<input type="checkbox"/>
<input type="checkbox"/>	A draft of a Water User's Agreement	<input type="checkbox"/>
<input type="checkbox"/>	Evidence of installation of 3 water meters (one at the well head and one at each service connection), when applicable	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Construction and Installation	<input type="checkbox"/>
<b>GROUP B WATER SYSTEM (NEW OR EXPANDING) (3-14 connections)</b>		
<input type="checkbox"/>	A copy of an approved well site inspection (new water systems only)	<input type="checkbox"/>
<input type="checkbox"/>	An Engineering Report prepared by a Washington State licensed professional engineer. The engineering report shall follow the Group B Public Water System Approval workbook, including Satellite Management Agency information, draft documents (covenants, easements, operations and maintenance agreements), Water Facilities Inventory and water quantity and quality reports.	<input type="checkbox"/>
<b>REGISTRATION OF AN EXISTING WATER SYSTEM</b>		
<input type="checkbox"/>	A copy of the well site inspection	<input type="checkbox"/>
<input type="checkbox"/>	A scaled plot plan showing the location of the well, 100-foot radius sanitary control area, property lines, buildings, septic tanks, lines and drainfields	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the well driller's well report (well log)	<input type="checkbox"/>
<input type="checkbox"/>	Water pressure documentation: tested to ensure 20 PSI minimum throughout the system during peak demand OR letter from each connection stating no issues with water pressure	<input type="checkbox"/>
<input type="checkbox"/>	A schematic of the water distribution system and pump house infrastructure	<input type="checkbox"/>
<input type="checkbox"/>	Water quality test results from a state accredited lab: Complete Inorganic Chemical (primary and secondary contaminants) – tested within the last 3 years	<input type="checkbox"/>
<input type="checkbox"/>	Coliform bacteria – tested within the last year	<input type="checkbox"/>
<input type="checkbox"/>	Recorded documents, such as notices, protective covenants, easements, and/or operation and maintenance agreements, if existing	<input type="checkbox"/>
<input type="checkbox"/>	Water Facilities Inventory form	<input type="checkbox"/>