

Island County Public Health



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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
TWO-PARTY WATER SYSTEM (2 connections only)		
<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"/>
GROUP B WATER SYSTEM (NEW OR EXPANDING) (3-14 connections)		
<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"/>
REGISTRATION OF AN EXISTING WATER SYSTEM		
<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"/>