

# ISLAND COUNTY WATER SYSTEM PLANNING QUESTIONNAIRE

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To aid in the orderly development of water systems located within the Island County Critical Water Supply Service Area, purveyors are required to develop a water system plan. Completing this questionnaire will fulfill the planning requirements for water systems with less than 100 service connections. Water system approval will not be granted until the water system planning questionnaire and the service area agreement have been completed and approved.

Please submit the **original application** along with three **(3) complete sets** which include the parcel number and a quarter section map. The quarter section maps are available at the Assessor's Office.

Once completed, this questionnaire is to be submitted to the Island County Health Department.

Water System Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Size of each parcel in the water service area: \_\_\_\_\_

\_\_\_\_\_

## **Part 1 - Facilities**

1. Describe how your existing system works \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your system had any water quality problems? If so, how have they been corrected?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. A) If you have an existing system, how many connections does your system currently have?

\_\_\_\_\_

B) If you are applying for a new system, or an expansion of your existing system, how many new connections are being applied for?

\_\_\_\_\_

C) How many services do you expect to have ten years from now? How did you arrive at that number?

Planning Questionnaire

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4. If applicable, attach a copy of water right certificate or application.

5. What improvements will your system need in the next five years? Describe why each will be needed.

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6. A) How much will each improvement cost?  
B) How will each improvement be financed?

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7. Attach a copy of your service area map and agreement.

8. A) Are you interested in sharing facilities or intertying with another water system?

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B) Are you interested in having another entity operate and maintain your system?

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**Part 2 - Operations Program**

1. Name, address, and phone number of person(s) responsible for system.

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2. What are procedures for turning your system on and off, and for routine operation?

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3. A) Who do you call when an operational problem arises?

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B) How do they respond to emergencies?

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4. List procedures for cleaning your system (tank, mains, etc.)

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5. A) What is your sampling frequency and procedures?

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B) How do you respond when results of samples exceed State standards?

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6. Indicate how your system will incorporate the Sea Water Intrusion Policy requirements as defined by the Island County Health Department.

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7. Other items unique to your system.

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# ISLAND COUNTY HEALTH DEPARTMENT

## Instructions for Service Area Agreements

NOTE: Prior to approval of new water systems or expansion of existing systems, the planning requirements of the Island County Coordinated Water System Plan (CWSP), must be fulfilled - this includes completing a service area agreement.

1. Attach a quarter section map noting the approximate boundaries of the water system. Use a solid line for existing service area (that which is currently being served, or will be served upon water system approval), and, if applicable, a dashed line for planned future service area (area to be served within the next 10 years).

Though your drawing need not be exact, it should be accurate enough to determine if there are any service area conflicts with adjacent systems. Your depiction of the service area on the attached map will be transferred to the CWSP Master Service Area Map. The Master Service Area Map is used for referencing the general location and area served by water systems in Island County.

2. Provide a brief description of the property to be served. It need not be a complete legal description, but should be accurate enough to determine precisely which parcels are to be served. See examples below:

Example 1: Existing and future service area of the ABC Water System consists of parcels R33216-520-1200, R33216- 520-1300 and R33216-485-2610.

Example 2: Existing and future service area of the XYZ Water System consists of all lots and future subdivisions of such lots and future subdivisions of such lots as created by Island County Short Plat 33/89.

Example 3: Existing service area of the PQR Water System consists of all lots within the Plat of Stomach Acres in Island County. Anticipated future service area consists of the above plus the remainder of the north half of Section 17, R1E T31N, Island County, Washington.

3. Attach the map and the description to the Service Area Agreement form and submit to the Island County Health Department.

AGREEMENT FOR  
ESTABLISHING WATER UTILITY SERVICE AREA BOUNDARIE  
IN THE ISLAND COUNTY CRITICAL WATER SUPPLY SERVICE AREA

Pursuant to the Public Water System Coordination Act (Chapter 70.116 RCW) and related action of the Board of Island County Commissioners (BICC Resolution No. PD-85-07), a Coordinated Water System Plan (CWSP) has been prepared for Island County. As a part of this Plan, Section 70.116.070 RCW requires that service area boundaries of public water systems be established. The purpose of this Agreement is to comply with the provisions of this Act with respect to the water service area boundaries of the undersigned utility.

WHEREAS, authority for this Agreement is granted by the Public Water System Coordination Act of 1977, Chapter 70.116 RCW; and

WHEREAS, such an Agreement is required in WAC 248-56-730, Service Area Agreements-Requirement, of the Public Water System Coordination Act; and

WHEREAS, designation of water service areas, together with the cooperation of purveyors, will help assure that time, effort, and money are best used by avoiding unnecessary duplication of service; and

WHEREAS, definite future service areas will facilitate efficient planning for, and provision of, water system improvements within Island County as growth occurs; and

WHEREAS, definite water utility planning areas will help assure that water reserved for public water supply purposes will be utilized in the future in an efficiently planned manner.

NOW, THEREFORE, the undersigned purveyor, having entered into this Agreement by signature of its authorized representative(s), concurs with and will abide by the following provisions:

1. Service Area Boundaries. The undersigned purveyor acknowledges that the portion of the service area map attached to this Agreement, accurately identifies the water system's service area, including planned-for expansion. This signed Agreement verifies that a good faith effort has been made by the undersigned to identify future service areas of near and adjacent water systems and the no service area conflicts are known.
2. Boundary Adjustments. If, at some time in the future, it is in the best interest of the undersigned purveyor to add to the extent of its service area, any required service area boundary adjustments must have the written concurrence of the County and other purveyors whose retail service boundaries are affected by the modification. The boundary change must be noted and filed with the County and the Department of Health. Portions of the service area may be relinquished by the purveyor, at its own discretion, or if the purveyor is unable to provide duly requested service in a timely and reasonable manner.

This Agreement shall become effective once this document is approved by the Island County Health Department, pursuant to the Board of Island County Commissioners, Resolution PLG 004-97.

IN WITNESS WHEREOF, the undersigned purveyor has executed this Agreement as of \_\_\_\_\_.

\_\_\_\_\_  
Water Purveyor

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Title

Receipt Acknowledged:

\_\_\_\_\_  
Island County Health Department

\_\_\_\_\_  
Date

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04/01/97