

**CERTIFICATION OF INSPECTION
AND
INSTALLATION OF A TWO PARTY WATER SYSTEM
IN ISLAND COUNTY**

Date: _____

Name of Water System: _____

Water System Manager: _____

Address: _____

Phone#: _____

The water system has been installed to provide potable water to parcels _____,
and _____. This includes installation of water lines and meter to each parcel
with the third meter located at the well head. This installation was completed on
_____, 20____.

This installation completes _____% of the Two Party system. I understand that if the system
is not 100% complete, water availability verification for the second parcel will not be approved.
In the case of a subdivision, the system must be fully complete with meters and lines installed
prior to water system approval.

I certify that the above identified project was inspected by me or my authorized agent and that it
was installed in accordance with the plans and specifications approved by the Island County
Health Department. I also confirm that the workmanship and material used is no less than the
quality specified in the current edition of "Standard Specifications for Municipal Water Works
Construction" (Washington State Chapter, American Public Works Association). The plastic
materials used carry the National Sanitary Foundation seal and State specifications and are
installed in accordance with the manufacturer's recommendations.

Signature (water system owner)

Date