



ISLAND COUNTY PUBLIC HEALTH

Environmental Health

PO Box 5000
Coupeville, WA 98239
P: 360.679.7350 F: 360.679.7390

Receipt #: _____

Application #: _____

WATER SYSTEM APPLICATION

PROJECT INFORMATION

<input type="checkbox"/> New public water system; # of connections: _____	<input type="checkbox"/> Registration of an existing water system
<input type="checkbox"/> Expansion 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: _____	

NEW OR EXPANDING 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 relative to property lines and drainfields, septic tanks and lines, buildings and 100 foot sanitary control area radius	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the well driller's report (well log)	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the pump test	<input type="checkbox"/>
<input type="checkbox"/>	The complete inorganic chemical analysis (done within last 3 years)	<input type="checkbox"/>
<input type="checkbox"/>	The bacteriological analysis (done within 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 scaled plot plan showing the location of the well relative to property lines and drainfields, septic tanks and lines, buildings and 100 foot sanitary control area radius	<input type="checkbox"/>
<input type="checkbox"/>	A copy of the well driller's water report (well log)	<input type="checkbox"/>
<input type="checkbox"/>	Inorganic chemical analysis (arsenic, chloride, nitrate and conductivity done within last 3 years)	<input type="checkbox"/>
<input type="checkbox"/>	The bacteriological analysis (done within last year)	<input type="checkbox"/>
<input type="checkbox"/>	Water Facilities Inventory form (for water systems 3-14 connections)	<input type="checkbox"/>