



**ISLAND COUNTY  
PLANNING & COMMUNITY DEVELOPMENT**

PHONE: 360.679.7339 ■ from Camano 360.629.4522, Ext. 7339 ■ from S. Whidbey 360.321.5111 x 7339  
FAX: 360.679.7306 ■ 1 NE 6<sup>th</sup> Street, P. O. Box 5000, Coupeville, WA 98239-5000  
Internet Home Page: <http://www.islandcountywa.gov/planning>

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## **WATER SYSTEM REVIEW APPLICATION**

**Purpose of a Water System Review:** To establish that water systems' current and future service areas meet the needs of Island County as defined in the Island County Comprehensive Plan, the Island County Development Regulations and the Island county Coordinated Water System Plan.

**Remember: if you have any questions or comments please do not hesitate to phone, email, or make an appointment with the Planning Department.** All requested items listed below must be provided and complete at the time of application or the application will not be accepted. The purpose of this cover sheet and checklist is to ensure that the minimum requirements have been met before an application can be accepted. After the application is accepted a more detailed review will be provided to ensure the application is technically complete. Please use the Applicant Checklists to ensure you have proved all information required for your project.

### **IN OFFICE SUBMITTAL OF APPLICATIONS BY APPOINTMENT**

**ONLY Whidbey: call 360-679-7339**

**Camano: call 360-387-3443**

Please plan for up to 60 minutes for a submittal appointment

### **ELECTRONIC SUBMITTAL PROCESS:**

Submit application documents to [planningdept@islandcountywa.gov](mailto:planningdept@islandcountywa.gov). Emails over 7 MB should be sent through file sharing application or portable USB. One of our planners will look over your documents to determine if your application can be submitted or if modifications are required. When the planner approves the electronic application for submission, we will provide you with a fee estimate. Please mail in the original signed application, one complete copy, and a check. (If the application form requests more copies please disregard. The original plus one copy is sufficient). Once Planning and Community Development receives the hard copies and payment, the application can be considered officially submitted. The planner will then verify that the hard copy is complete and the review process can begin.

### **Mailing address for USPS deliveries is:**

Planning & Community Development  
PO Box 5000  
Coupeville, WA 98239

### **For FedEx or UPS deliveries, mail to:**

Planning and Community Development  
1 NE 6<sup>th</sup> St.  
Coupeville, WA 98239

<b>Applicant Use</b>	<b>APPLICATION REQUIREMENTS CHECKLIST</b>	<b>County Use Only</b>
	<ol style="list-style-type: none"> <li>1. Completed Water System Review Form Parts A and B.</li> <li>2. Signatures of authorized water system operator.</li> <li>3. A legible plot plan showing:               <ol style="list-style-type: none"> <li>a. Drawn to standard engineering scale not to exceed 1" = 500'. Indicate scale and provide bar scale</li> <li>b. North Arrow</li> <li>c. Boundaries and dimensions of all parcels within the service and source areas. Label lots that are currently serviced, lots that have been allocated water shares but do not have service yet, and lots that are within the future service area.</li> <li>d. Location, size, and purpose of all existing (temporary or permanent) and proposed buildings related to the operation of the water system. For example, water storage tanks, pump houses, and sheds. Label each as existing or proposed.</li> <li>e. Show the distances between buildings related to the operation of the water system and property lines.</li> <li>f. Location, dimensions, and pressure of all existing and proposed water lines, labeled existing and proposed.</li> <li>g. Width and name of road(s) boarding and crossing the service and source areas.</li> <li>h. Location of septic tank, drainfield, reserve area, and tightline within 250' of well(s).</li> <li>i. Location of all fire hydrants connected to the water system.</li> </ol> </li> <li>4. Neighborhood Vicinity Map that includes the following:               <ol style="list-style-type: none"> <li>a. Drawn to standard engineering scale not to exceed 1" = 500'. Indicate scale and provide bar scale.</li> <li>b. North Arrow.</li> <li>c. Roadways, parcels, and driveways within 100 feet of the subject sites in all directions.</li> <li>d. Location of adjacent and nearby water system boundaries.</li> </ol> </li> </ol>	

COUNTY USE ONLY:			
APPLICATION NUMBER	DATE RECEIVED	FEE PAID	RECEIPT
_____	_____	_____	_____

Application information is to be typed or neatly printed and signed in blue ink. Please provide all information requested. If any portion is not applicable enter N/A in the blank. Submit the electronic copy, original, and one copy of this application and all necessary documentation and plans as outlined on the Application Checklist to the Island County Department of Planning and Community Development. Illegible and/or incomplete applications will not be accepted. An application will not be considered technically complete until a Notice of Application is provided.

## WATER SYSTEM REVIEW PART A

**HEAD OF THE WATER SYSTEM:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE: (\_\_\_\_) \_\_\_\_\_**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTACT PERSON\*:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE: (\_\_\_\_) \_\_\_\_\_**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

*\*THE AUTHORIZED CONTACT PERSON WILL BE THE ONLY PARTY THAT WILL RECEIVE CORRESPONDENCE, REPORTS, NOTICES, AND INQUIRIES*

**OWNER:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(IF OTHER THAN CONTACT)

**ADDRESS:** \_\_\_\_\_ **PHONE: (\_\_\_\_) \_\_\_\_\_**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME OF WATER SYSTEM:** \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_ Plat Name: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ ¼ Section: \_\_\_\_\_

Location:  North Whidbey  Central Whidbey  South Whidbey  Camano Island

Comprehensive Plan Land Use Designation(s): \_\_\_\_\_

Zoning: \_\_\_\_\_

Allowed Number of Water Shares: \_\_\_\_\_ Number of Water Shares in Use \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSAL:

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OTHER COUNTY, STATE, OR FEDERAL APPLICATIONS OR PERMITS OBTAINED OR PENDING:

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**WATER SYSTEM REVIEW  
PART B**

To aid in the orderly development of water systems located within Island County and to ensure that water systems meet the zoning goals and criteria outlined in the Island County Comprehensive Plan and Development Regulations, purveyors are required to complete the water system review.

**Supplemental Review Requirements:** In addition to the information required in Part A, the following must be submitted for the Water System Review. All written and mapped materials shall be legible and shall include or show the requirements listed within the application.

**Questions:**

1. Identify the water system's current and future service areas, including a map, parcel numbers and sizes (note if attached):

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2. Names, addresses, and telephone numbers of associated professional consultants such as geologists or engineers not identified in Part A:

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3. Description of the system's wells and/or surface intakes, including their location, size, capacity, and associated equipment:

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4. Description of the systems storage capacity, including location, size, capacity, and associated equipment:

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I hereby certify that I am the authorized applicant named above and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application and that all statements, answers and information provided as part of this submittal are in all respects complete, true, and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature (Owner or Authorized Agent)

\_\_\_\_\_  
Date

*If the signature is other than the property owner, an Agent Authorization Form must accompany this application.*



**APPLICANT AUTHORIZATION FORM**

If you are authorizing an agent or contractor to apply for permit(s) on your behalf, you must complete this form providing authorization for a designated agent to apply for permit(s) on your behalf. This form is required for the protection of the landowner. A permit/application authorizing an agent to act on the landowner's behalf that is not accompanied by a signed and notarized Applicant Authorization Form will not be accepted. All original signatures must be in blue ink.

I/We, \_\_\_\_\_ the owner(s) of the subject property, understand that by completing this form I/We hereby authorize \_\_\_\_\_ to act as my/our agent. I/We understand that said agent will be authorized to submit applications/permits on my/our behalf. I also understand that once a permit/application has been submitted that all future correspondence may be directed to said agent.

**ALL PROPERTY OWNERS OF RECORD MUST SIGN THIS FORM**

1) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

2) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

3) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

State of Washington )  
County of \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
signed this instrument and acknowledged it to be (his/her)  
free and voluntary act for the uses and purposes mentioned  
in this instrument.

Dated \_\_\_\_\_  
Signature of \_\_\_\_\_  
Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_  
Residing at \_\_\_\_\_

My appointment expires \_\_\_\_\_

Stamp