



**ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

PHONE: (360) 679-7339 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111
 ■ FAX: (360) 679-7306 ■ P. O. Box 5000, Coupeville, WA 98239-5000
 121 N East Camano Drive, Camano Island, WA 98282 ■ Phone (360) 387-3443
www.islandcounty.net/planning

**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 question or comments please do not hesitate to phone, e-mail or make an appointment with the Planning Department. All of the 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 minimum requirements have been met before an application can be accepted at the counter. After the application is accepted, a more detailed review will be provided to ensure the application is technically complete. Please use the Applicant Checklists below to ensure you have provided all the information required for your project.*

Applicant	Application Requirement	Planning
_____	Completed Water System Review Form (Parts A and B);	_____
_____	Signatures of authorized water system operator;	_____
_____	Answers to the questions in Part A are completed;	_____
_____	Answers to the questions in Part B are completed;	_____
_____	A legible plot plan showing required elements (See Part B); AND	_____
_____	Neighborhood Vicinity Map. (See Part B).	_____

SUBMITTAL OF AN APPLICATION BY APPOINTMENT ONLY:

Whidbey To schedule a submittal appointment, call 360-678-7800.
Camano To schedule a submittal appointment, call 360-387-3443 ext. 251.

- Must pay with check or cash; credit cards are not accepted.
- Anticipate the submittal process taking 30 to 60 minutes.

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

**** REMEMBER: IF THE SIGNATURE IS OTHER THAN THE PROPERTY OWNER, THEN A WRITTEN LETTER OF CONSENT MUST ACCOMPANY THIS APPLICATION.**



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WATER SYSTEM REVIEW

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 **original and 2 copies** 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.

PART A

HEAD OF WATER SYSTEM _____ Signature _____

Address _____ Phone _____

CONTACT PERSON* _____ Signature _____

Address _____ Phone _____

OWNER _____ Signature _____

Address _____ Phone _____

NAME OF WATER SYSTEM _____

Assessor Parcel Number(s) _____ Plat Name _____

Section(s) _____ Township _____ Range _____ 1/4 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 _____

Other County, State or Federal Applications or Permits Obtained or Pending: _____

* The authorized Contact Person will be the only party that will receive correspondence, reports, notices and inquiries.

PART B WATER SYSTEM REVIEW

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 also be submitted for the Water System Review. All written and mapped materials shall be legible and shall include or show the requirements listed below.

1. Questions.

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

- b) Names, addresses and telephone numbers of associated professional consultants such as geologists or engineers not identified on cover sheet: _____

- c) Description of the system's wells and/or surface intakes, including their location, size, capacity, and associated equipment: _____

- d) Description of the system's storage capacity, including location, size, capacity, and associated equipment: _____

2. Checklist. The following is a checklist to assure that all the items necessary for the water system review are included .

Applicant	Application Requirement	County
_____	BASIC PLOT PLAN. Legible map(s) that includes the following:	_____
_____	Drawn to a standard engineering scale not to exceed 1" = 500'. Indicate the engineering scale and provide a bar scale.	_____
_____	North Arrow.	_____
_____	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.	_____
_____	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.	_____
_____	Show the distances between buildings related to the operation of the water system	_____

and property lines.

_____ Location, dimensions, and pressure of all existing and proposed water lines, labeled as existing or proposed. _____

_____ Width and name of road(s) bordering and crossing the service and source areas. _____

_____ Any and all easements (access, utility, drainage, etc.) on the property including their width. Label them with intended use and the Auditor File No. _____

_____ Location of septic tank, drainfield, reserve area and tightline within 250' of well(s). _____

_____ Location of all fire hydrants connected to the water system. _____

_____ **NEIGHBORHOOD VICINITY MAP that includes the following:** _____

_____ Drawn to scale with a north arrow. _____

_____ Roadways, parcels, and driveways within 100 feet of the subject sites in all directions. _____

_____ Location of adjacent and nearby watery system boundaries. _____