



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
 Phone: (360) 378-4474 Fax: (360) 378-7036

**EXISTING GROUP B WATER SYSTEM
 APPLICATION & CHECKLIST**

This application is to be used for submitting Group B water systems for review and approval. Please fill out the form completely, or it will not be accepted. Approved water system designs are valid for four years from approval date. Water systems not installed & approved within four years will be voided & archived. Applicants may appeal any decision pertinent to this design with the San Juan County Health Officer.

SYSTEM INFORMATION:

Proposed Water System Name: _____ Island: _____

Site Address: _____

System Type (check one): Existing New Number of Proposed Connections: _____

APPLICANT INFORMATION:

Name of Applicant: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions or laws and ordinances governing this project will be complied with whether specified herein or not. I understand that the granting of this design does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or land or shoreline use.

 Signature of Applicant Date Signature of Designer Date

Water System Submittal Checklist

Design Requirements

<input type="checkbox"/> Water Well Report (well log) Well to meet Chapter 173-160 WAC. <input type="checkbox"/> Well Site Inspection Report & Fee (per adopted fee schedule). <input type="checkbox"/> Design Review Fee (per adopted fee schedule) <input type="checkbox"/> Recent bacterial test (coliform). <input type="checkbox"/> Treatment design ¹	<input type="checkbox"/> Hydraulic analysis to determine if the well & the distribution system is capable of maintaining 20 psi at all points throughout distribution system during peak demand. <input type="checkbox"/> Storage tank (if hydraulic analysis indicates a need for storage): Diagram & NSF/ANSI certification <input type="checkbox"/> Pumphouse schematic, layout of system, wellhead protection inventory, service connection map <input type="checkbox"/> Complete Inorganic Chemical Analysis.
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¹ – If required. A licensed professional engineer must design treatment other than simple chlorination.

Final System Approval Requirements

<input type="checkbox"/> System Operation and Maintenance Manual <input type="checkbox"/> Water Facilities Inventory (WFI) form <input type="checkbox"/> Recorded protective covenants & easements ^{3,4}	<input type="checkbox"/> Recorded Ownership & Management Agreement ^{3, 4} <input type="checkbox"/> Verification of source & service meter installation ³
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³ – Recommended for existing water system approval

⁴ – Our department recommends having these documents be reviewed (our department) prior to recording.

FOR OFFICIAL USE ONLY

Design Approved: _____ Date: _____ Final Approval: _____ Date: _____