



Health & Community Services
San Juan County

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

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. 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)
<input type="checkbox"/> Pump test data – Test must meet SJC Pump Test Requirements
<input type="checkbox"/> *Design Review Fee (per adopted fee schedule)
<input type="checkbox"/> *Well Site Inspection Report & Fee (per adopted fee schedule)
<input type="checkbox"/> Treatment design ¹
<input type="checkbox"/> Installation Contractor Name & License Number | <input type="checkbox"/> San Juan County design workbook (simple design for small commercial systems only)
<input type="checkbox"/> *Layout of system, wellhead protection inventory, service connection map
<input type="checkbox"/> *Storage tank: Diagram & NSF/ANSI certification ²
<input type="checkbox"/> *Recent bacterial test (coliform) and Complete Inorganic Chemical Analysis
<input type="checkbox"/> Notice to adjacent water systems ³ |
|---|---|

* Required for Small Commercial Group B water system, see SJCC 8.06.170 G, see both design and final approval reqs.

¹ – If required. A licensed professional engineer must design treatment other than simple chlorination. Not required for proposed commercial establishment Group B systems serving less than 25 people/day

² – If storage is required. ³ – If water systems are within 1/4 mile

Final System Approval Requirements

- | | |
|---|---|
| <input type="checkbox"/> *Construction Report & post installation bacteriological test
<input type="checkbox"/> *Water Facilities Inventory (WFI) form
<input type="checkbox"/> System Operation and Maintenance Manual | <input type="checkbox"/> *Recorded Protective covenants and easements ⁴
<input type="checkbox"/> Contract with Satellite Management Agency
<input type="checkbox"/> Recorded Ownership and Management Agreement ⁴ |
|---|---|

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

FOR OFFICIAL USE ONLY

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