



Water System Plan Submittal Form

This form must be completed and submitted along with the Water System Plan (WSP). It will expedite review and approval of your WSP. **All water systems should contact their regional planner before developing any planning document for submittal.**

1. Water System Name	PWS ID# or Owner ID#	Water Systems Owner's Name	
Contact Name for Utility	Phone Number	Title	
Contact Address	City	State	Zip
2. Project Engineer	Phone Number	Title	
Project Engineer Address	City	State	Zip
3. Billing Contact Name (required if not the same as #1)	Billing Phone Number	Billing Fax Number	
Billing Address	City	State	Zip

4. How many services are presently connected to your system? _____
5. Is your system expanding (*circle what applies*: seeking to extend service area or increase number of approved connections)? Yes No
6. If the number of services is expected to increase, how many *new* connections are proposed in the next six years? _____
7. If your system is private-for-profit, is it regulated by the State Utilities and Transportation Commission? Yes No
8. Is the system located in a Critical Water Supply Service Area (i.e., have a Coordinated Water System Plan)? Yes No
9. Is your system a customer of a wholesale water system? Yes No
10. Will your system be pursuing additional water rights from the Department of Ecology in the next 20 years? Yes No
11. Is your system proposing a new intertie? Yes No
12. Do you have projects currently under review by us? Yes No
13. Are you requesting distribution main project report and construction document submittal exception and if so, does the WSP contain standard construction specifications for distribution mains? Yes No
14. The water system is responsible for sending a copy of the WSP to adjacent utilities for review or a letter notifying them that a copy of the WSP is available for their review and where the review copy is located. Has this been completed? Yes No
15. The purveyor is responsible for sending a copy of the WSP to all local governments within the service area (county and city planning departments, etc.). Has this been completed? Yes No
16. Are you proposing a change in the place of use of your water right? Yes No
17. What is the last year of the plan approval period (the year the shortest WSP projection is made)? _____

If answer to questions 7,8, 11, 14 and/or 15 is "yes," list who you sent the WSP to: _____

Is this plan: an Initial Submittal a Revised Submittal

Please enclose the following number of copies of the WSP:
3 copies for Northwest and Southwest Regional Offices **OR 2** copies for Eastern Regional Office (We will send one copy to Ecology)
1 additional copy if you answered "yes" to question 7. _____ Total copies attached

Please return completed form to the Office of Drinking Water regional office checked below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Northwest Drinking Water Operations
Department of Health
20425 72 nd Avenue South, Suite 310
Kent, WA 98032-2358
253-395-6750 | <input type="checkbox"/> Southwest Drinking Water Operations
Department of Health
PO Box 47823
Olympia, WA 98504-7823
360-236-3030 | <input type="checkbox"/> Eastern Drinking Water Operations
Department of Health
16201 East Indiana Avenue Suite 1500
Spokane Valley, WA 99216
509-329-2100 |
|--|---|---|

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).