Small Water System Management Program Submittal Form

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

<table>
<thead>
<tr>
<th></th>
<th>Water System Name</th>
<th>PWS ID# or Owner ID#</th>
<th>System Owner Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact Name for Utility</td>
<td>Phone Number</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td>Contact Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Project Engineer (if applicable)</th>
<th>Phone Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project Engineer Address (if applicable)</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Billing Contact Name (required if not the same as #4)</th>
<th>Billing Phone Number</th>
<th>Billing Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Billing Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

4. How many services are presently connected to the system? ________________

5. If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission? □ Yes □ No

6. Is the system located in a Critical Water Supply Service Area (i.e. have a Coordinated Water System Plan)? □ Yes □ No

7. If answer to question 6 is “yes,” have you sent a copy of the draft SWSMP to the county or agency responsible for the Coordinated Water System Plan? □ Yes □ No □ Yes □ No

8. Is the system a customer of a wholesale water purveyor? □ Yes □ No

9. Is the system proposing a new intertie? □ Yes □ No

10. Do you have projects currently under review by the Department of Health? □ Yes □ No

11. Are you proposing a change in the place of use of your water right? □ Yes □ No

12. If answer to question 11 is “yes”, the purveyor must send a copy of the draft SWSMP to all local governments within the service area (county and city planning departments) for a local consistency determination. Has this been completed? □ Yes □ No

Is this plan: □ an Initial Submittal □ a Revised Submittal

Please enclose the following number of copies of the SWSMP:

3 copies for Northwest and Southwest Regional Offices OR 2 copies for Eastern Regional Office.
1 additional copy if you answered “yes” to question 5. _______ Total copies attached

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

☐ Northwest Drinking Water Department of Health
20425 72nd Ave S, Suite 310
Kent, WA 98032-2358
Phone: (253) 395-6750
Fax: (253) 395-6760

☐ Southwest Drinking Water Department of Health
PO Box 47823
Olympia, WA 98504-7823
Phone: (360) 236-3030
Fax: (360) 664-8058

☐ Eastern Drinking Water Department of Health
16201 E Indiana Ave, Suite 1500
Spokane Valley, WA 99216
Phone: (509) 329-2100
Fax: (509) 329-2104

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD call (800) 833-6388.

DOH Form 331-396 (Updated 11/11)