



## 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.**

1. Water System Name	PWS ID# or Owner ID#	System Owner Name	
Contact Name for Utility	Phone Number	Title	
Contact Address	City	State	Zip
2. Project Engineer (if applicable)	Phone Number	Title	
Project Engineer Address (if applicable)	City	State	Zip
3. Billing Contact Name (required if not the same as #4)	Billing Phone Number	Billing Fax Number	
Billing Address	City	State	Zip

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
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 72<sup>nd</sup> 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

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