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)?
    - Yes
    - No

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)

□ 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.

□ Northwest Drinking Water Operations
  Department of Health
  20425 72nd Avenue South, Suite 310
  Kent, WA 98032-2358
  253-395-6750

□ Southwest Drinking Water Operations
  Department of Health
  PO Box 47823
  Olympia, WA 98504-7823
  360-236-3030

□ 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).

DOH Form 331-397-F (Updated 01/17)