Coordinated Water System Plan Review Application
Drinking Water

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

WELL SITE ADDRESS

Name of Water System & ID Number

Property Address Served by Water System (Inc. City)

Assessor's Account Number

OWNER OR APPLICANT INFORMATION

First Name　　　　*Last Name*　　　　　　　*Contact Phone*

Mailing Street Address

Mail City　　　　　　*Mail State*　　　　　*Mail Zip/Postal*

INFORMATION

In accordance with Kitsap County Resolution 305-1993 Coordinated Water System Plan and Kitsap County Ordinance 134, written confirmation or denial of service must be issued to anyone wishing to install a new public water well within a 1/4-mile radius of any other public water system. A confirmation or denial of service form including remote opportunities for a proposed development is required from the existing water utility or qualified Satellite Management Agency (SMA) before a new water system can be developed. The applicant will be required to contact the list of utilities that are identified as being able to provide service by the Health District. This form must be completed by the water purveyor, operations manager, water commissioner, or SMA and returned to the applicant within 30 days of receiving this request.

APPLICATION DETAILS

Number of connections proposed for service: _____

Proposed Public Water System Type. ☐ *Group A*　　☐ *Group B*

SIGNATURE & ACKNOWLEDGEMENT

I understand that I will be charged an initial review fee of 1 hour. Additional review time will be billed directly to the property owner at the Health District's current hourly rate.

Name Printed

Contact phone Number

Signature

Date