



DEPARTMENT OF COMMUNITY DEVELOPMENT

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SUPPLEMENTAL APPLICATION CERTIFICATE OF WATER SUPPLY UTILITY SERVICE FOR JEFFERSON COUNTY

The Jefferson County Coordinated Water System Plan establishes the Utility Service Review Procedure. The purpose of the procedure is to assure that water system development is coordinated between existing water service providers, the Jefferson County PUD and the Jefferson County Planning Department, Development Review Division (DRD). The *Certificate of Water Supply Utility Service* form must be completed prior to developing a new public water supply system, expanding an existing system, or changing the standard of service (e.g., change from residential service to commercial service). The Certificate should be completed before significant engineering and design have begun since the completed form documents the County's approval of the water system design.

The utility service review procedure is initiated by the Development Review Division upon submission of a triggering application that indicates creation of a new water system or connection to an existing system. Triggering applications include the following:

- subdivisions,
- zoning,
- well site inspections,
- building permits,
- onsite sewage system permits

The DRD will determine if the proposal is within an existing service area and, if so, direct the applicant to the appropriate utility for service review. If there is not a service area, then the applicant will be directed to the PUD.

If a water system is being proposed independent of a triggering application, the applicant will need to prepare a conceptual water system design and submit it to DRD to initiate the procedure. The design should include a map showing the proposed service area boundaries, proposed source location, preliminary distribution system layout and the number and types of service connections.

In all cases, the DRD will evaluate the proposal for consistency with land use policies and will make written findings to that effect.

**CERTIFICATE OF
WATER SUPPLY UTILITY SERVICE
JEFFERSON COUNTY**

OFFICIAL USE ONLY DO NOT WRITE IN THIS SPACE			
Application Number	Project Name		
Approved Water Plan	Water Utility	Assigned By	Date
Water Utility			
PUD/SMA			Date

APPLICANT TO COMPLETE

Applicant Name _____

Proposed Project _____

Project Location _____

Project Preliminary Plan:

Indicate the number of units of each category:

Residential _____ Multi-Family _____ Commercial _____

Industrial _____ Agricultural _____ Other _____

I, the undersigned, certify that I, or my appointed representative have discussed this proposed project and its impacts with the Water Utility shown above. I acknowledge that this proposed project may require improvements to the water system shown above which would incur my financial obligation. Prior to Final Plat approval, or approval of the Water System Plan or the Engineer's Report, it is understood that a legal contract between myself and the Water Utility must be submitted to Jefferson County which specifies the terms of the water service, operational responsibility, and financial obligation. Furthermore, I acknowledge that I have read and understand the following material.

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application packet may result in this permit being null and void.

I further agree to save, indemnify and hold harmless Jefferson County against all liabilities, judgments, court costs, reasonable attorney's fees and expenses which may in any way accrue against Jefferson County as a result of or in consequence of the granting of this permit.

I further agree to provide access and right of entry to Jefferson County and it's employees, representatives or agents for the purpose of application review and any required later inspections. Access and right of entry to the applicant's property or structure shall be requested and shall occur during regular business hours.

Signature of Applicant _____

Date _____

UTILITY SERVICE REVIEW PROCEDURE (USRP)

If an individual well is proposed, then the Procedure (USRP) is not required at this time. Individual well proposal is forwarded to the County Health Department for review and approval.

Priority 1: Within Service Area

Jefferson County will determine whose service area water supply the request is located in, and will then direct the applicant to that purveyor or water utility with a *Certificate of Water Supply Utility Service* in hand. If the utility declines service, a letter stating 'Justification of Denial' will be required.

If the purveyor declines service, then go to Priority 2.

Priority 2: Satellite System Management Agency (SSMA)

The designated SSMA for the County will be allowed to respond to the service request and provide conditions of service to the applicant. If the SSMA declines service, a letter stating 'Justification of Denial' will be required.

If the SSMA declines service, then go to Priority 3.

Priority 3: Adjacent utility

The applicant must approach adjacent utilities to determine if service can be provided. If the adjacent utility declines service, a letter stating 'Justification of Denial' will be required.

If adjacent utility declines service, then go to Priority 4.

Priority 4: Create new Public Water System (PWS)

After the first 3 priorities are ruled out, a new PWS may be considered through the required State review process. The applicant will be directed to have an engineer contact the DOH Regional Engineer for specific requirements (Water System Plan, project report, construction documents, etc.).

Note: Once service is determined, Jefferson County will sign off on the *Certificate for Water Supply Utility Service* and adjust service area maps as necessary. Sign off will occur only after consultation with the DOH to determine whether the proposed system is adequate to serve.

TO BE COMPLETED BY THE WATER UTILITY

A. Please circle the appropriate action(s) and/or fill in the appropriate blanks.

- 1. The proposal **is/is not** within our approved water service area.
- 2. The _____ water utility **does/does not** desire to serve this development at this **time/ever**.
- 3. The water utility **is/is not** willing to assume interim satellite operational management responsibility for the proposed water system until a connection to our system is possible.

If you (the utility) are not going to manage the supply of water for this development, please proceed to number 16 and attach a letter explaining the 'Justification of Denial'. The County will be unable to proceed without this 'Justification of Denial'. In all other cases, continue with the questionnaire.

- 4. The proposed development **is/is not** consistent with our approved water system plan.
- 5. Water service can be made available to this development **immediately/by** _____/_____/_____.
- 6. Indicate estimated *peak hour*, *peak day*, and *annual average water supply* needed in gallons per minute (GPM).

	Peak Hour	Peak Day	Annual Avg.
Required fire flow	_____ N/A _____		_____ N/A _____
Estimated domestic	_____		
Total requirements	_____		

- 7. Number of fire hydrants required _____
- 8. The _____ water system has been approved for _____ service connections and currently has _____ active connections and _____ service commitments.
- 9. Will the project require extension of water mains or adjustments to service area boundaries? **Yes/No** If yes, please describe:

10. Significant facilities improvements other than waterline extension **would/would not** be required. **List improvements:**

11. The entire water system capable of serving the ultimate development density **will/will not** be installed initially prior to final plat approval. If staged development is proposed, specify what form and the method of surety which will be provided to guarantee ultimate installation of water system facilities.

12. List the flows that could be provided to the development with a minimum pressure of 30 psi and 20 psi.

_____ **GPM at 30 psi**

_____ **GPM at 20 psi**

13. Indicate size of main required for hookup: _____ **inches.**

14. Indicate distance from existing main to project: _____ **feet.**

15. Design and installation of the proposed water system **will/will not** be reviewed and inspected by our agency.

16. A satisfactory contract **has/has not** been made with the applicant to serve this proposal. **Comments:**

I, the undersigned, certify that I, or another authorized representative of the utility, have discussed this proposed project and its impacts with the applicant. I acknowledge that the _____ water system has the capacity in installed facilities and water rights to serve the proposed development with the improvements identified above and that the service to the proposed project is consistent with this utility's water system plan.

WATER UTILITY REPRESENTATIVE

DATE

TO BE COMPLETED BY APPROPRIATE REVIEW AGENCY

B. Please circle the appropriate action(s) and/or fill in blanks.

1. Jefferson County Health Department (Individual Wells)

The Jefferson County Health Department has reviewed the proposed method of water supply and hereby offers conceptual **approval/ disapproval** for the proposal. Final approval will be reserved until a suitable well site is approved and until it is demonstrated that applicable separation distances and health regulations are attainable.

Comments: _____

County Health Department Official

Date

2. Jefferson County Development Review Division (Reviews for consistency with County land use policies.)

The Development Review Division has reviewed the proposed method of water supply and hereby offers conceptual **approval/disapproval** for the proposed supply.

Comments: _____

Development Review Division Signature

Date

3. Washington State Department of Health

Reviews applications where there is a disagreement of terms of water service or formation of a new water supply utility. Due either to a disagreement on terms of water service or to the formation of a new water supply utility, the DOH has made a decision on water service. This decision is presented in the attached letter dated ____/____/____ and signed by:

The Water Utility Coordinating Committee **did/did not** make recommendations applicable to this case which **are/are not** attached.

Comments: _____

Washington State Department of Health

Date