

## Group B Water System Application Submittal Form

Water System Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Required Information: Check all items submitted with initial application**

**Located within or less than ¼ mile from an existing Water System’s Future Service Area?**

No  Yes (If yes, include letter allowing creation of a new system)

**Water Quality/Quantity Data**

Include a certified water lab report for Bacteriological (Coliform)

Include a certified water lab report for IOC Analysis

**Other Documents -as part of a completed Group B Workbook**

- |                                                                       |                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Include a completed WFI                      | <input type="checkbox"/> Site Protection Map                                                                                                                                                                              |
| <input type="checkbox"/> Include a copy of the Well Site Inspection   | <input type="checkbox"/> Hydraulic Analysis                                                                                                                                                                               |
| <input type="checkbox"/> Include a copy of the Well Log               | <input type="checkbox"/> Financial Viability Worksheet                                                                                                                                                                    |
| <input type="checkbox"/> Water Rights (if applicable)                 | <input type="checkbox"/> Copy of “Notice to Future Property Owners”<br>(recorded with Grant County Auditor)                                                                                                               |
| <input type="checkbox"/> Declaration Covenant                         | <input type="checkbox"/> Copy of recorded Water Users Agreement or<br>appropriate CCR’s (if more than 1-property served)                                                                                                  |
| <input type="checkbox"/> Restrictive Covenant (if applicable)         | <input type="checkbox"/> Include a System Layout Map showing the<br>well, water lines, sewer components, property<br>lines, buildings, and all potential sources of<br>contamination located within 600 feet of the well. |
| <input type="checkbox"/> Pump Test                                    |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Totalizing Source Meter Specifications       |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Pressure Relief Valve Specifications         |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Separate Irrigation Contract (If applicable) |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Satellite Management Agency Agreement        |                                                                                                                                                                                                                           |

After the Water System Application Design is approved, the Water System can be constructed. After the system is completed, a Construction Completion Report will need to be submitted before the system approval can be finalized and a Public Water System ID number assigned.

My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR GCHD USE

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Received \_\_\_\_\_ Receipt No. \_\_\_\_\_ By \_\_\_\_\_

