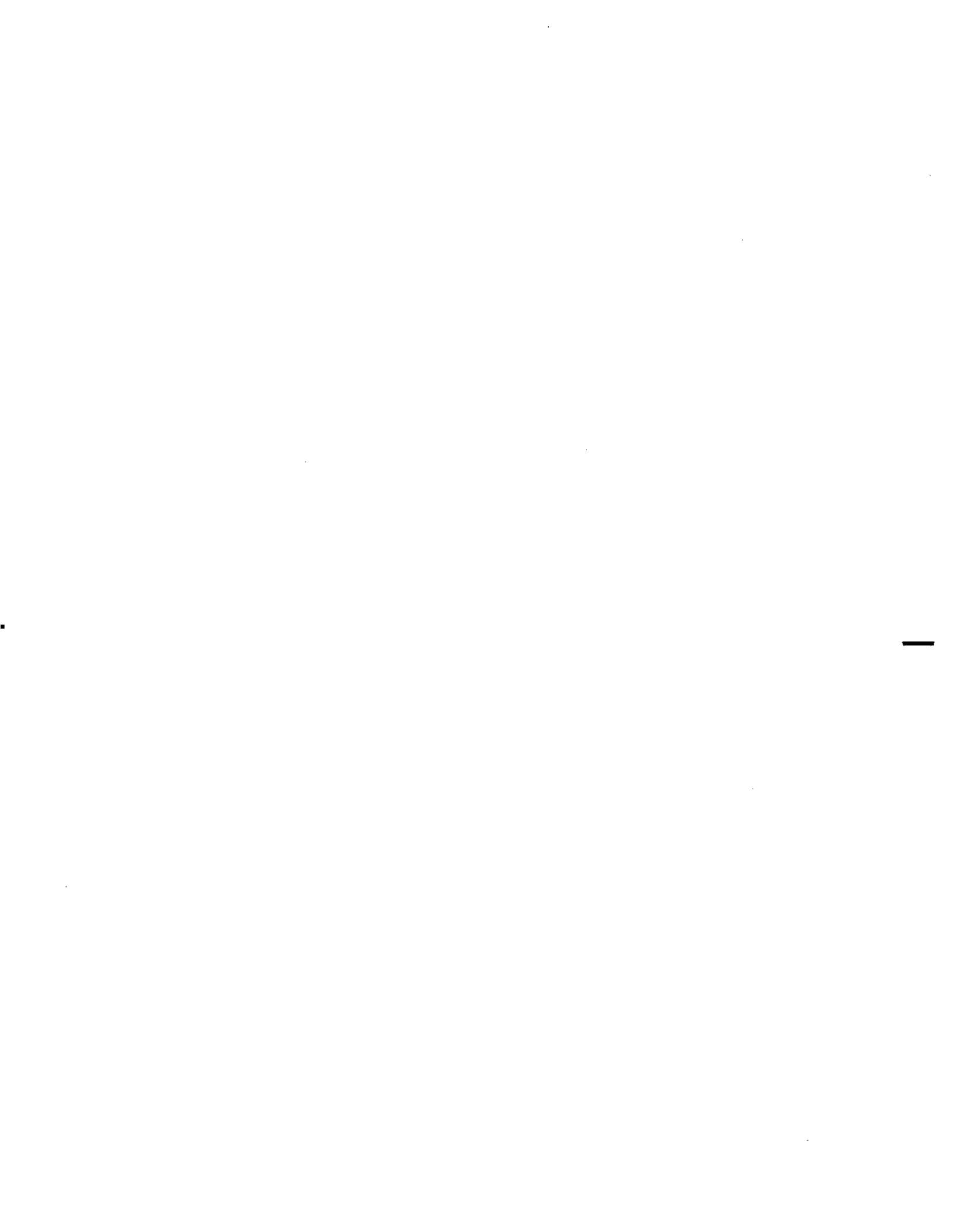






**APPENDIX A**  
**DOH Project Approval Application and Submittal Checklist**



WASHINGTON STATE DEPARTMENT OF HEALTH  
PROJECT APPROVAL APPLICATION

City of Sequim Water System Plan  
(project name)  
City of Sequim  
(water system name)  
City of Sequim  
(system owner)  
152 West Cedar Street  
(street)  
Sequim, WA 98382 (360) 683-4908  
(city) (state) (zipcode) (phone number)

Clallam  
(county) 77620-Y  
(DOH ID number)  
Ken Enns, P.E.  
(design engineer)  
Gray & Osborne, Inc.  
(engineering firm)  
701 Dexter Avenue North, Ste. 200  
(street)  
Seattle WA 98109 (206) 284-0860  
(city) (state) (zipcode) (phone number)

James Bay  
(project contact if different than above) (360) 683-4908  
(daytime phone number) (evening phone number)

SYSTEM CLASS:  Group A community  Group A NTNC  Group A TNC  Group B

# SERVICE CONNECTIONS (for Group A systems only - # services after project completion):  
 less than 100  100 - 500  501 - 999  1,000 - 9,999  10,000 or more

PROJECT DESCRIPTION: Water System Plan Update

AREA SERVED (for distribution projects only - name of subdivision, site address, parcel numbers, etc.): \_\_\_\_\_

TYPE OF PROJECT (check all that apply):

- water system plan:  
 complete new or updated plan  
 minor alteration
- satellite management (SMA):  
 ownership plan  
 amendment  
 operation plan
- project report: (Is water system plan required:  Y  N If required, is it current and approved:  Y  N)  
(Is project identified as part of capital improvement plan:  Y  N)  
 filtration or other complex treatment  
 chemical addition only (ion exchange, hypochlorination, corrosion control or fluoridation)  
 complete new water system  
 system modification
- special reports or plans:  
 corrosion control report  
 corrosion control study  
 plan to cover uncovered reservoir  
 predesign study  
 uncovered reservoir plan of operation  
 tracer study plan  
 surface water or gwi treatment facility operation plan  
 filtration pilot study

- construction documents:
  - filtration or other complex treatment
  - chemical addition only
  - complete new water system
  - new source only
  - system modification
  - system modification; design standards used; PE prepared

- existing system approval:
  - expanding; not detailed evaluation
  - non-expanding, detailed evaluation
  - expanding, not detailed evaluation
  - expanding, detailed evaluation

- waivers:
  - inorganic chemical
  - organic chemical
  - use
  - area wide renewal
  - inorganic chemical renewal
  - organic chemical renewal
  - use renewal
  - coliform w/departmental inspection
  - coliform w/third-party inspection

- other:
  - well-site evaluation and approval
  - regulatory monitoring plan
  - unfiltered system annual report
  - water system compliance report (loan letter)

other projects (describe): \_\_\_\_\_

For department use only below this line:

Log-in # \_\_\_\_\_; Initial fee \_\_\_\_\_; Invoice mailed \_\_\_\_\_;  
 Invoice # \_\_\_\_\_; Fee received \_\_\_\_\_; # review letters \_\_\_\_\_  
 Approval Date: \_\_\_\_\_ Date construction report received: \_\_\_\_\_ # approved connections \_\_\_\_\_

Area served: \_\_\_\_\_

Provisions: \_\_\_\_\_

## Water System Plan Submittal Form

*This form is required to be submitted along with the Water System Plan (WSP). It will serve to expedite review and approval of your WSP. WSPs will not be reviewed until submittal form and checklist are completed.*

1) SYSTEM NAME <b>CITY OF SEQUIM</b>	2) SYSTEM ID # <b>77620-Y</b>	3) SYSTEM OWNER <b>CITY OF SEQUIM</b>
4) CONTACT NAME FOR UTILITY <b>JAMES BAY</b>	PHONE NUMBER <b>(360) 683-4908</b>	TITLE <b>PUBLIC WORKS DIRECTOR</b>
ADDRESS <b>152 WEST CEDAR STREET</b>	CITY <b>SEQUIM</b>	STATE <b>WA</b>
		ZIP <b>98382</b>
5) PROJECT ENGINEER <b>KEN ENNS, P.E.</b>	PHONE NUMBER <b>(206) 284-0860</b>	TITLE <b>PROJECT MANAGER</b>
ADDRESS <b>701 DEXTER AVENUE NORTH, STE. 200</b>	CITY <b>SEATTLE,</b>	STATE <b>WA</b>
		ZIP <b>98109</b>

6. How many services are presently connected to the system? 1,362 (3,255 ERU's)
7. Is the system expanding? (seeking to extend service area or increase number of approved connections)  Yes  No
8. If number of services is expected to increase, how many new connections are proposed in the next six years? 3,924 ERU's
9. If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission?  Yes  No
10. Is the system located in a Critical Water Supply Service Area?  Yes  No
- Is the system a customer of a wholesale water purveyor?  Yes  No
12. Is the system a wholesale water purveyor?  Yes  No
13. Will the system be pursuing additional water rights from the State Department of Ecology in the next 10 years?  Yes  No
14. Is the system proposing a new intertie?  Yes  No
15. Does the system have an existing intertie(s), in use prior to 1/1/91, which hasn't received Ecology approval?  Yes  No
16. Do you have project(s) currently under review by Department of Health?  Yes  No
17. Have you sent copies of the draft WSP to adjacent purveyors and the County for their review and comments?  Yes  No

If yes, list adjacent utilities/entities that have received a copy of the draft WSP \_\_\_\_\_

Clallam County Planning Department

Clallam County PID

\_\_\_\_\_

\_\_\_\_\_

18. Is this plan an:  initial submittal  revised submittal

Does the WSP bear the seal and signature of a Professional Engineer?  Yes  No

**Please enclose the following number of copies of the WSP:**

- 2 copies for Department of Health review.
- 1 additional copy if you answered "YES" to question 9.
- 1 additional copy if you answered "YES" to question 13, 14 and/or 15

2 Total Copies Attached

# WSP Checklist

Have you included the required elements in your water system plan?

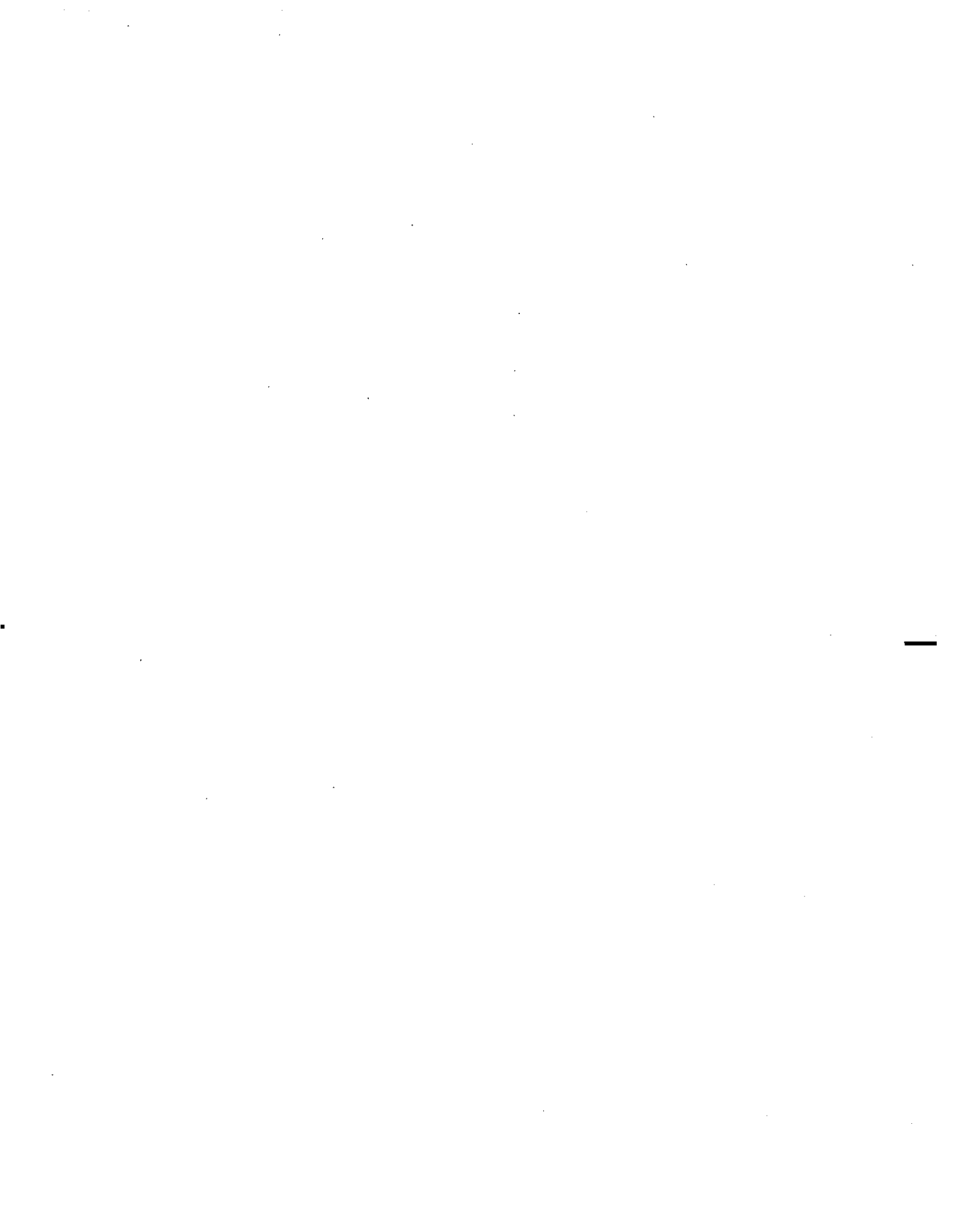
		Page # in WSP
<b>1. Introduction</b>		
• Executive Summary .....	<input checked="" type="checkbox"/> Required	<u>E1-E66</u>
<b>2. Description of Water System</b>		
• Ownership and Management .....	<input checked="" type="checkbox"/> Required	<u>1-1</u>
• History .....	<input checked="" type="checkbox"/> Required	<u>1-1</u>
• Geographical Description .....	<input checked="" type="checkbox"/> Required	<u>1-2</u>
• Existing and Future Service Area .....	<input checked="" type="checkbox"/> Required	<u>1-10</u>
1) Agreement .....	<input type="checkbox"/> Required*	<u>APPENDIX C</u>
2) Map .....	<input checked="" type="checkbox"/> Required	<u>FIG 1-2</u>
• Service Area Policies (including SMA policy) .....	<input checked="" type="checkbox"/> Required	<u>1-13</u>
<b>3. Basic Planning Data and Water Demand Forecast</b>		
• Current Population and Number of Services .....	<input checked="" type="checkbox"/> Required	<u>2-1</u>
• Water Usage/Data Reporting .....	<input checked="" type="checkbox"/> Required	<u>2-2</u>
• Future Population .....	<input checked="" type="checkbox"/> Required	<u>2-12</u>
• Land Use .....	<input checked="" type="checkbox"/> Required	<u>1-11</u>
• Water Demand Forecast .....	<input checked="" type="checkbox"/> Required	<u>2-13</u>
<b>4. System Description and Analysis</b>		
• Description of System .....	<input checked="" type="checkbox"/> Required	<u>1-2</u>
• Identification of Water System Design Criteria .....	<input checked="" type="checkbox"/> Required	<u>3-1</u>
• Evaluation of Water System .....	<input checked="" type="checkbox"/> Required	<u>CH. 3-CH. 4</u>
1) Source (make reference to Chapter V + VI) .....	<input checked="" type="checkbox"/> Required	<u>3-19</u>
2) Treatment .....	<input type="checkbox"/> Required*	<u>3-25</u>
3) Storage .....	<input type="checkbox"/> Required*	<u>CH. 4</u>
4) Hydraulics .....	<input checked="" type="checkbox"/> Required	<u>CH. 7</u>
5) Operation and Maintenance Analysis .....	<input checked="" type="checkbox"/> Required	<u>CH. 3</u>
• Water Quality Analysis .....	<input checked="" type="checkbox"/> Required	<u>CH. 6</u>
<b>5. Source Protection</b>		
• Ground Water Sources .....	<input type="checkbox"/> Required*	<u>CH. 6</u>
• Surface Water Sources .....	<input type="checkbox"/> Required*	<u>CH. 6</u>
<b>6. Conservation Program and Source of Supply Analysis</b>		
• Water Rights Evaluation .....	<input checked="" type="checkbox"/> Required	<u>3-19</u>
• Conservation Program .....	<input checked="" type="checkbox"/> Required	<u>CH. 5</u>
• Source of Supply Analysis .....	<input type="checkbox"/> Required*	<u>3-19</u>
• Interties .....	<input type="checkbox"/> Required*	<u>N/A</u>
<b>7. Improvement Program</b>		
• Summary of System Deficiencies .....	<input checked="" type="checkbox"/> Required	<u>3-29</u>
• Identification of Improvements Including Justification (20 year horizon) .....	<input checked="" type="checkbox"/> Required	<u>CH. 8</u>
• Improvement Schedule (6 year horizon) .....	<input checked="" type="checkbox"/> Required	<u>CH. 8</u>
<b>8. Financial Program</b>		
• Identification of Cost of Improvements (6 year horizon) .....	<input checked="" type="checkbox"/> Required	<u>CH. 9</u>
• Identification of Annual Operation and Maintenance Expenses .....	<input checked="" type="checkbox"/> Required	<u>CH. 9</u>
• Revenue Plan for All Expenses .....	<input checked="" type="checkbox"/> Required	<u>CH. 9</u>
• Discussion of Water Rates Including Proposed Increases and Rate Structure .....	<input checked="" type="checkbox"/> Required	<u>CH. 9</u>
• Financial Viability Test .....	<input type="checkbox"/> Required*	<u>CH. 9</u>
<b>9. Operation and Maintenance</b>		
• Name, Phone numbers, and Responsibilities of Person(s) Involved in Water System Operation (including who is certified and at what level) .....	<input checked="" type="checkbox"/> Required	<u>CH. 7</u>
• Description of Routine Operation Procedures .....	<input checked="" type="checkbox"/> Required	<u>7-2</u>
• Description of Water Quality Sampling Procedures (comprehensive monitoring program) .....	<input checked="" type="checkbox"/> Required	<u>CH. 3</u>
• Description of Emergency Response Procedures .....	<input checked="" type="checkbox"/> Required	<u>7-5</u>
• Identification of Most Vulnerable Facilities .....	<input checked="" type="checkbox"/> Required	<u>7-5</u>
• Cross Connection Control Program .....	<input checked="" type="checkbox"/> Required	<u>APPENDIX F</u>
• Coliform Monitoring Plan .....	<input checked="" type="checkbox"/> Required	<u>APPENDIX G</u>
<b>10. Relationship with Other Plans</b>		
• Compatibility with Other Related Plans (including adjacent water systems, land use plans, and water resource planning efforts) .....	<input checked="" type="checkbox"/> Required	<u>1-9</u>
• Compatibility with Regional Supplement of the Coordinated Water System Plan .....	<input type="checkbox"/> Required*	<u>1-11</u>
• County Response on Compatibility with Land Use Plans and Growth Policies .....	<input checked="" type="checkbox"/> Required	<u>1-11</u>
<b>11. Miscellaneous Documents</b>		
• Environmental Impact Statement or Determination of Non-Significance .....	<input type="checkbox"/> Required*	<u>APPENDIX S</u>
• Satellite Management Program .....	<input type="checkbox"/> Required*	<u>APPENDIX S</u>
• Text of Appropriate Agreements .....	<input type="checkbox"/> Required*	<u>APPENDIX S</u>
• Response from Affected Entities .....	<input type="checkbox"/> Required*	<u>APPENDIX S</u>
• Standard Construction Specifications .....	<input checked="" type="checkbox"/> Required	<u>APPENDIX S</u>

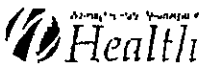
Contact your DOH regional planner to determine if these components are required for your system.





**APPENDIX B**  
**Water Facilities Inventory Report**





Environmental Health

# WATER FACILITIES INVENTORY (FI)

DATE PRINTED: 11/17/98  
UPDATED

Read Instructions on back before completing

DATE UPDATED: 11/17/98

1. TEM ID NO <b>77620Y</b>	2. COUNTY <b>CLALLAM</b>	3. GROUP <b>A</b>	4. TYPE <b>COMM</b>	5. WRIA <b>18</b>
3. SYSTEM NAME <b>SEQUIM, CITY OF</b>				
ADDITIONAL ROUTING INFO				
MAILING ADDRESS <b>152 W CEDAR ST</b>				
CITY <b>SEQUIM</b>		STATE ZIP CODE <b>WA 98382-3317</b>		
4. OWNER'S NAME (LAST, FIRST) <b>SEQUIM, CITY OF</b>				OWNER NO <b>5285</b>
ADDITIONAL ROUTING INFO				
MAILING ADDRESS <b>152 W CEDAR ST</b>				
CITY <b>SEQUIM</b>		STATE ZIP CODE <b>WA 98382-3317</b>		
8. SYSTEM CONTACT PERSON <b>JAMES F. RAY - PUBLIC WORKS DIRECTOR</b>				
DAY TELEPHONE <b>360-483-4908</b>		EVENING TELEPHONE <b>360-683-3034</b>		
6. OWNERSHIP (CHECK ONE ONLY)		7. PREDOMINANT CHARACTERISTIC (CHECK ONE ONLY)		
<input type="checkbox"/> PRIVATE: NON-PROFIT <input type="checkbox"/> PRIVATE: FOR-PROFIT <input checked="" type="checkbox"/> LOCAL GOVERNMENT (COUNTY/CITY/PUD/WATER DISTRICT) <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> BUSINESS/INDUSTRIAL/AGRICULTURAL/COMMERCIAL <input type="checkbox"/> LODGING / FOOD SERVICE <input type="checkbox"/> SCHOOL / DAY CARE <input type="checkbox"/> OTHER (CHURCHES, ETC)		

WFI COMPLETED BY				TITLE			
DAY TELEPHONE				DATE			
8. SUBMITTED FOR		NEW SYSTEM		NO CHANGE		REACTIVATE	
		SYSTEM NAME CHANGE*		UPDATE		DELETE	
* OLD SYSTEM NAME - ENTER ONLY IF CHANGING WITH THIS WFI							
<b>SYSTEMS SERVING ANY RESIDENTS (PEOPLE LIVING IN A DWELLING SERVED BY THE SYSTEM), COMPLETE THIS SECTION</b>							
9. NUMBER ACTIVE RESIDENTIAL CONNECTIONS <b>1085</b>				10. NUMBER ACTIVE RESIDENTIAL POPULATION <b>4,445</b>			
<b>SYSTEMS SERVING ANY NON-RESIDENTS (I.E., TRAVELERS, EMPLOYEES, STUDENTS, ETC.), COMPLETE THIS SECTION</b>							
11. NUMBER NON-RESIDENTIAL CONNECTIONS							
12. ENTER AVERAGE DAILY NON-RESIDENTIAL POPULATION SERVED FOR EACH MONTH. MAKE ENTRY FOR EACH MONTH							
JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG
13. DOES THE SYSTEM SERVE AT LEAST 25 OF THE SAME NON-RESIDENTS FOR 4 OR MORE DAYS PER WEEK FOR AT LEAST 180 DAYS PER YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
14. TOTAL NUMBER CONNECTIONS METRED <b>1,487</b>				15. DISTRIBUTION RESERVOIR(S) TOTAL CAPACITY <b>2,400,000 GALLONS</b>			

16. DOH SOURCE NUMBER	17. SOURCE NAME <small>LIST UTILITY'S NAME FOR SOURCE. IF SOURCE IS PURCHASED OR INVENTED, LIST SELLER'S ID# AND NAME USING FOLLOWING FORMAT: XXXXX / NAME. EXAMPLE: 77050Y / SEATTLE</small>	18. SOURCE CATEGORY		19. USE		20.		21. TREATMENT		22. WELL DEPTH (FEET)	23. SOURCE CAPACITY (GPM)	24. SOURCE LOCATION			SYSTEM EVALUATION
		WELL	SURFACE	PERMANENT	SEASONAL	EMERGENCY	SOURCE RETIRED	NOVE	CHLORINATION	FILTRATION	FLUORIDATION	OTHER	1/4, 1/4 SEC.	SEC. NO.	
S01	DUNGENESS RIVER										550	NE/NW	12	29N	04W
S02	SILBERHORN WELL FL	X				X				260	1,300	NW/NW	25	30N	04W
S03	FORT WILLIAMS WELL	(NW)				X				417	600	SE/NW	17	30N	03W
S04	FORT WILLIAMS WELL	(NW)				X				410	635	SE/NW	17	30N	03W
S05	FORT WMS WELLFIELD	X				X				410	635	SE/NW	17	30N	03W

<b>MINIMUM REQUIRED BACTERIOLOGICAL SAMPLING SCHEDULE:</b>													
25.	26.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		5	5	5	5	5	5	5	5	5	5	5	5
7. APPROVED SERVICES (PHR PLANS) <b>0</b>						DATE OF LAST SANITARY SURVEY						BY DOH	LHD
SYSTEM IN CRITICAL WATER SUPPLY SERVICE AREA?		YES	NO	GW MGMT AREA?		YES	NO	FOR LHD USE ONLY					
EFFECTIVE DATE RETRO. CHANGES				SIGNATURE OF DOH REVIEWER						DATE			

