



201812270059

12/27/2018 12:03 PM Pages: 1 of 3 Fees: \$101.00
Skagit County Auditor

DRINKING WATER SYSTEM STATUS REPORT

I, the undersigned property owner, in making an application for a Skagit County building permit involving a single-family residence acknowledge that this Report is being signed, notarized and recorded in compliance with Skagit County Code Section 12.48.270. The drinking water source for this residence is Rainwater, an alternative source (S.C.C. 12.48.030).

1. I acknowledge and agree that this Report is binding on all my heirs and/or successors and agree to hold the County harmless from any and all claims, damages, costs or expenses that are incurred whether personal injury or property damage that are water quantity, water quality or a result of the use of this alternative source.
2. Water systems with filed Status Reports will not be used as justification for the creation of new lots. Land subdivisions require either drilled wells or connections to an approved public system.
3. Future buyers should beware that the drinking water source for this residential building is provided by rain-water catchment. The Skagit County Health Department considers rainwater catchment as a surface water source. This source requires continuous filtration and disinfection on all sinks to be consistently sanitary. This source is designed to provide 200 gallons a day. This water system was designed by Mark Semrau P.E. and the final inspection and asbuilt documents were done by Northwest Rainwater Solutions and Tony Freeland P.E.
4. Attached to this Status Report are 2 pages of the required Operation and Maintenance Schedule provided by the Water System Designer & Engineer.
5. If substantial additional water is needed, the applicant agrees to install additional catchment and/or storage. All purchased or hauled water must come from a Department of Health approved Public Water System and be hauled by trucking approved to haul potable water.
6. Well BAT355 has been deactivated by removal of the pump and electrical source because its use was not perfected prior to the October 3 2013 Supreme Court decision and can only be reactivated and used if mitigation for the right to use the well becomes available by the Department of Ecology. If mitigation becomes available there may be no intertie to the rainwater catchment system without appropriate protection measures in place.
7. I agree to record this Report with the Skagit County Auditor's Office for the purpose of it being made a part of the record of title. We have no objection nor will we make any claim against Skagit County as a consequence of this recording.
8. Specific drinking water system information for this parcel may be on file at Skagit County Planning under file WA15-0011.

LEGAL DESCRIPTION: Those portions of Lot 1 and Lot 2 and Lot 3 if Short Plat No. 161-79 as recorded in volume 4 of short plats at page 57 under AF#8003280008,.....


SITE ADDRESS: 32750 S. Skagit Highway, Sedro Woolley, WA 98284

LOCATION: P41772 / ASSESSOR'S ACCOUNT NO: 350621-4-020-0000

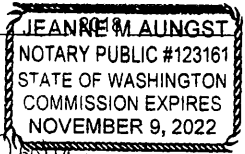
WATER FILE: WA15-0011 Building Permit: BP16-0185

OWNER (PRINT NAME): Ryan and Sarah Alvarez

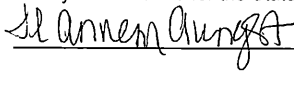
MAILING ADDRESS: 32750 S. Skagit Highway, Sedro Woolley, WA 98284

OWNER (SIGNATURE) 

Subscribed and sworn to me this 27th day of December



Notary Public in and for the State of Washington.

 Residing at Sedro Woolley

Maintenance Worksheet

System location:
32750 S. Skagit Highway

Operator: Ryan Alvarez

Frequency

Water Testing: quarterly

Filtration: Semi-annually

Filters: 20 Micron ; 5 Micron ;

Activated Carbon

UV ; Pro 10 Viqua

Location of records:

Pump: Grundfos MQ

Date: 12/27/18

1)	Catchment surface: Free of debris?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2)	Gutters and Downspouts			
	a) Gutters			
	i) Cleaned and void of debris	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	ii) Flowing to downspouts	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Downspouts			
	i) Intact and straight:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	iii) Gutter Screens:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3)	Storage Tanks			
	a) Piping intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Covers/lids in place:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Basket screens clean:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Tank valve box clean of debris and valves are visible:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	e) Overflow leaking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4)	Conveyance Drain Emitter & Bypass			
	a) Piping, valves functioning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Bypass Opened	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Conveyance Drain Emitter Cleaned	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Box clear of debris, valves easily visible	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5)	Pump			
	a) Piping intact, secured	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Maintaining pressure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Valves open/close freely	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

6)	Sediment filter:			
a)	Turn off pump valve and drain filter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Change filters (if needed):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c)	Piping intact	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7)	Ultra Violet Unit:			
a)	Piping intact	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Replace bulb (after 2 yrs from install/replacement)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <i>Have replacement bulb ready</i>	(Or more frequently based upon the results of the bacteria sampling)
c)	Flush system after replacing bulb	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d)	Sterilize unit & Connected piping; Chlorinate Filter Housings	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8)	Water Testing: Fecal and Total Coliform - Every 6 months -			
a)	Pre-Filtration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Post Filtration/Treatment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	