

Skagit County Planning & Development Services

Water Review Application

State law requires the County to review permit applications to ensure legal and physical availability of an adequate water supply for the proposed use or building and to ensure that the proposed use will not degrade surface water and groundwater resources. ¹ Applicants should complete this form as early as possible in the permit application process.

Does my project require water review?

If your project is any of the following; water review is not required, and you do not need to fill out this form.

- Remodel or replacement of existing residential buildings that do not increase the number of bedrooms or adding more than 500 sq. ft. of gross floor area (includes exterior wall sq. ft.; non-living space does not count toward this area, i.e. garage, porch, deck, etc.)
- New proposal where no new plumbing is proposed and no change of activities which may increase water usage.
- Repairs of existing buildings with no additional plumbing
- Remodel or replacement of existing, nonresidential buildings with no new plumbing proposed and no change of activities which may increase water usage
- Project is within the municipal limits of the Town of La Conner

Project Information

Site Address		City		Zip
Parcel No(s)				
Zoning		UGA	☐ No ☐ Yes, which:	
Project Description				
Туре	 □ Residence □ Residential Accessory Bu □ Non-Residential/Commercial/Agricultural □ Special Use □ Accessory Dwelling Unit 	Building/l	Jse Land division	

Water Review Application

Water Source

What is your proposed source of water? Choose one of the following:

Base Fee for Review*

• • • • • • • • • • • • • • • • • • • •	at 15 your proposed source or water. Choose one or the ronowing.	Dasc rec for neview	
	Public Water System Includes Group A and B water systems, community water associations, and two connect systems.	Group A, community Group A, non-community	\$200 \$200
	Go to Public Water System Part 1	Group B†	\$450
		New two-connect	\$425
	Public Water System with Land Division		
	Includes Group A and B water systems, community water associations, and	Health Department Group A	\$450
	two connect systems. Go to Public Water System Part 1	Health Department Group B	\$625
	Individual Drilled Well(s) (1 lot : 1 well)	Health Department	\$300
	Does not include dug or driven-point wells.	·	
	Go to Individual Well section of this form. Part 2	Planning Water Availability	\$130
	Individual Well with Land Division	Health Department	\$550
	Does not include dug or driven-point wells.	Planning Water Availability	\$130
	Go to Individual Well section of this form. Part 2	,	·
	Dug Well, Driven-Point Well, Surface Water††	Health Department	\$550
	Includes lake, spring, and stream water sources.	Planning Water Availability	\$130
	Go to Surface Water section of this form. Part 3		
	Rainwater Catchment System	Health Department	\$550
_	Includes any water source involving collection of rainwater.		
	Go to Rainwater section of this form. Part 4		

^{*} Each additional hour above the base fee is \$134.78 for Planning & Development Service and \$95 for Environmental Health.

[†] Group B water systems are those that serve fewer than 25 people and fewer than 15 connections. Water system information is available from the DOH Sentry Database.

Part 1 Public Water System²

Municipal, Group A public water Systems including:

- **City of Anacortes Water**
- Skagit Public Utility District (PUD) Water Judy Reservoir and Fidalgo
- **Town of La Conner Water**

Please provide one of the following:

Copy of current water bill, if property is already has water and project is a residential remodel, addition, residential accessory structure, or accessory dwelling unit.		
For a proposed connection, water availability letter signed by water purveyor		
☐ Anacortes Anacortes Water Availability		
☐ La Conner La Conner Certificate of Water Availability		
☐ Skagit PUD (post pre-built form to webpage and provide hyperlink)		
☐ Part 1A of this application form, signed by water purveyor		
Other Existing State-Approved Water System		
This option includes smaller existing Group A and Group B systems including community and noncommunity water systems, water associations, two-connect systems, and PUD satellite systems.		
Complete Part 1A and have the bottom signed by an authorized representative of the water system. The rest of this form is not required.		
New Water System (including a new Two-Connect System) Complete Part 1B. The rest of this form is not required.		

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Part 1A Proposed Connection to Other Existing Water System					Pei	rmit #:		
This section should be	com	npleted by the applicant.						
Applicant's Name								
Location of Use								
Parcel Number(s)								
Description of								
Use								
Proposed Use		Residence Residential Accessory Building	☐ Land division					
	1	Non-Residential/Commercial/Agricultural Bui	lding Use					
		Special Use Accessory Dwelling Unit						
		de this form to the public water system to ob		-	-	_		
system may need to n		ter system is not compliant with the relevant $ $ improvements.	provisions of the	vvasningi	.on Admini	istrative	code, tri	e water
.,								
Water System Appr								
This section must be c	omp	leted and signed by an authorized representa	tive of the public	or comm	unity wate	er systei	m.	
Water System Nan	ne		State ID #			Group	□ A	□В
Connection Meter			Is water	source m	etered?	☐ Yes ☐] No	
Connectio	ns	# of approved connections:						
		# of dwelling connections in use:						
		# of RV connections in use:						
For Land Division	ıs	If the applicant proposes connection for a new land division , answer the following questions:						
		What size water lines need to be installed or	extended to serv	ve the lan	d division	?	-	
Conditio	ns	Identify any conditions on your approval of t	he proposed conr	nection:				
			p. op 000 a 00					
Certification	on	The undersigned person certifies that any ar	nswers above are	correct, a	and:			
		The undersigned person is authorized to sign on behalf of the water system.						
This water system is able and intends to provide water to the proposed use								
	 The location of the proposed use is within this water system's service area as provided Coordinated Water System Plan.³ 					rovided ir	the	
		If Group A, this water system is in s	ubstantial compli	ance with	n WAC Cha	pter 24	6-290. ⁴ •	
		If Group B, this water system is in s						
		This approval to connect will expire one year	r after the date si	gned.				
Authorized Signatu	re			Date				
of Water Purvey	or							
Tit	tle			Phone				

³ SCC 12.48.050(3).

⁴ SCC 12.48.210(1).

Part 1B New Public Water System

	_	
~ - + - + +	if	 (including a two-connect system).

Complete this section if you	are proposing a new p	ublic water system	(including a two-c	onnect syste	m).
Water System Name			Ph	one	
Water System Owner			Email Add	ress	
System Operator			Ph	one	
Firm			Email Add	ress	
Well site parcel number					
How many connections will 1	the new nublic water s	vstem serve?			
•	•				
	3 to 9 connections and	no professional er	ngineering requiren	nents will ap	ply though Skagit Health
☐ more than two connecting Submit this form, and approximately	•				quiring professional engineer). f Health.
Two-Connect Systems	,	0	G	•	
Skagit County reviews and a		-			parcels, each with one
Parcel 1	umbed building (no plumbed garages/outbuildings and no accessory dwelling units). Parcel 1 Created/Platted Date				
Parcel 2			Created/Platted Date		
Well Protection Zone	Do you have an existi	ing 100-foot-radius	protection zone a	round the we	⊔ ell? □ Yes □ No
	Is the well protection	zone entirely con	tained within the b	oundaries of	your property?⁵ ☐ Yes ☐ No
Well Setbacks		distance	e to the well site	distance	e to the reserved well site
Nearest septic tank			feet		feet
Nearest septic drain field		feet			feet
Nearest septic drain field r	eplacement area	feet			feet
Nearest sewage/septic tra	nsport pipe		feet		feet
Nearest public road right o	of way		feet		feet
Nearest surface water		feet		feet	
Are there any underground or above ground chemical or fuel storage tanks, railroad tracks, manure lagoons, animal pastures, or other potential sources of well contamination within 200 feet of the well or reserved well sites? No Yes. Describe them and the distances to them from the well and reserved well site: Attach all the following: A Complete Skagit County Public Health 2-connect application packet System design (two-connect system doesn't require engineered design) Two-Connect system title notice Maintenance agreement					
Prior to final approval, you n property that does not belor	nay also need easemer		/franchise agreeme	ents if you ne	ed to run water lines on

⁵ SCC 12.48.240(5).

Complete this section for an application that proposes use of a drilled well that is not associated with a public water system. An individual well (other than a two-connect or other public water system) may only serve one residence and an associated ADU.

New Drilled Well	anasas usa of a now drilled well			
	oposes use of a new drilled well.	ne if you are in an are	a where new wells are allowed, or where	
_	quire review prior to drilling.			
Well depth	,	Well quantity (GPM)		
Date well completed				
Attach all the following:				
☐ Water well report	from a licensed well driller, includir	ng:		
☐ A note on the	water well report that the well "me	eets Skagit County Co	de Chapter 12.48 siting criteria"	
☐ Approved on-site s	sewer (septic) site evaluation or des	sign (if available)		
Existing Drilled Well				
☐ This application propos	es use of the existing well describe	d below. Get info abo	ut existing wells on Ecology's Well Search page.	
State Well Log ID #		State Well Tag ID #		
County water file #	W/WA	□ no water file		
Historic use	Since what date has the well beer	n in continuous use?		
Well Protection Zone	Do you have an existing 100-foot-radius protection zone around the well? ☐ Yes ☐ No Is the 100-foot-radius zone entirely contained within the boundaries of your property? ☐ Yes ☐ No If either answer is "no," when was your lot created? ☐ Before 1992. Provide a note that the neighboring property consents to the well protection zone. ☐ 1992 or later. Provide Auditor File Number of well protection zone easement:			
Interaction with septic system Do you have an existing septic system on the property? Yes. Provide septic permit number: No, but intend to install septic system. Provide site evaluation number: No, intend to connect to public sewer. Identify provider:				
Both New and Existing W Attach all the following:	/ells			
□ Site plan to scale that shows locations of and distances to all the following: □ Lot boundaries □ North arrow □ Easements □ Grades/slope with direction and □ Building locations (existing and proposed) percent □ Well site, 100-ft radius well protection zone, and water lines □ Septic tanks □ Lakes, streams, ditches, ponds, wetlands □ Septic drain fields and reserve area □ Septic (or sewer) lines □ Water quality test results analyzed by an accredited laboratory (see list at www.skagitcounty.net/drinkingwater) for: □ Bacteria (within the last six months)				

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⁶ SCC 12.48.240(5).

 $^{^{7}\,\}text{SCC}$ 12.48.030, definition of "plot plan."

☐ Inorganic chemicals (within the last five years)	
Seawater Intrusion Areas	
All applications in areas of potential seawater intrusion must comply with additional rules. To determine whe seawater intrusion area, answer the questions below:8	ether you are in a
A. Is your project within one-half mile of a marine shoreline?	☐ Yes ☐ No
B. Is your project anywhere on Guemes, Sinclair, Cypress, or Vendovi islands?	☐ Yes ☐ No
If you answered yes to any question above, complete the rest of this section. Please note:	
 Rainwater catchment is encouraged as a substitute for well water in seawater intrusion areas.⁹ If you are proposing an accessory dwelling unit on Guemes Island AND your well water contains chlc ppm, you must use an alternative water source.⁹; 	orides more than 25
If you are proposing a new well in a seawater intrusion area, you must submit the following and obtain appronew well: $^{ m 10}$	oval before you drill the
 □ A drilling plan; □ A site plan to scale, including: □ (A) a dedicated inland well site location. □ (B) estimated depth of proposed well. Ideally, the well depth should not be lower than sea I □ (C) an estimated land elevation of the proposed well. If the proposed well is within 250 feet determined by the County Hydrogeologist, the elevation of the well must be surveyed by a licensed sur □ (D) depth and chloride levels of surrounding wells (for Guemes Island, see map). If you are proposed wells (for Guemes Island) 	t of the shoreline, or if rveyor.
division, submit all of the following:12	
An assessment of the available groundwater, including a report from a demonstration well located s the groundwater under the entire land division and with consideration to where other wells will be division;	located in the land
☐ If the proposed land division is within an area of documented chlorides in excess of 25 ppm, all well specified and spaced 100 feet or more from any other well, including wells on neighboring properties	
A hydrogeo report assessing the available groundwater will likely also be required.	

⁸ SCC 14.24.380 ⁹ SCC

14.24.380(3)(a).

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⁹ SCC 14.16.360(6)(a).

¹⁰ SCC 14.24.380(2)(a).

¹² SCC 14.24.380(2)(c).

Part 3 Dug Well, Driven-Point Well, or Surface Water Source

Complete this section for an application that proposes use of a dug well, a driven point well, or a surface water source (e.g., a lake, stream, river). Skagit County Code discourages these "alternative water sources." Dug wells and driven-point wells are generally not approvable for new construction. An alternative water source can not be used for land division.

Water source type	□ dug well □ driven point □ lake □ spring □ stream □ other:				
Water source description					
Location of use					
Water right/claim	Do you have a water right or claim for this water source? No. Yes. Provide both of the following: Water right/claim number: Attach copy of water right/claim.				
Date use established	On what date did you establish the use of the water source?				
Historic use	Did the building associated with the use obtain a building permit? ☐ No ☐ Yes, number:				
Water quality	Attach water quality test results analyzed by a Department of Ecology-accredited laboratory for: Bacteria (within the last six months) Inorganic chemicals (within the last five years), including color and TSS For a new system, tests must be pre-treatment and post-treatment. For an existing system, tests must be post-treatment.				
Treatment/filtration	Attach the following: Documentation of your treatment/filtration system (1 micron absolute or smaller is required) System diagram: a line drawing flow chart showing: Storage Pumps Filtration Pressure tanks Direction of flow NSF tanks and storage capacity in gallons (above ground preferred; direct cleanout required; for in-ground tanks show how installed with cleanout) Label each component with its location inside or outside house				
Justification for alternative supply ¹¹	Why can't the applicant use a drilled well? Why can't the applicant connect to an approved public water system?				

Part 4 Rainwater Catchment

Complete this section for an application that proposes use of a rainwater catchment system. Per Ecology policy 1017, land divisions may not rely on rainwater catchment, and "the roof collecting the rainwater must be part of a fixed structure above the ground with a primary purpose other than the collection of rainwater for beneficial use" (e.g., a house or garage roof).

•	water Catchment System oses use of an existing, Skagit County-appro	oved rainwater catchment systo	em.		
County water file #	WA If you do not have a water file, complete the section below for a new system.				
# of existing bedrooms		# of proposed bedrooms			
New Rainwater Catchm ☐ This application proper	nent System oses use of a new rainwater catchment syst	rem.			
Justification for alternative supply ¹²	, , , , , , , , , , , , , , , , , , , ,				
	Why can't the applicant connect to an a	Why can't the applicant connect to an approved public water system?			
# of existing bedrooms		# of proposed bedrooms			
collection surface/roottype	f	collection surface area	sq ft		
Please note that rainwate	catchment systems must be designed con	sistent with the following code	S:		
 For potable uses, the 2012 Green Plumbing and Mechanical Code Supplement, Appendix B For non-potable uses, the 2015 Uniform Plumbing Code, Chapter 16 An engineered design is required for new rainwater catchment systems. 					
Contact name					
Firm name		Phone			
Email address					
Attach all of the following					
 □ Rainwater catchment design by a licensed engineer¹³ including: □ Documentation of your treatment/filtration system (1 micron absolute or smaller is required) □ System diagram: a line 					
drawing flow chart showing:					
□ Storage □ Pumps □ Capture area□ Gutters/downspouts □ Filtration □ Pre-filters □ Backflow preventer (if included in design) □ NSF tanks and storage capacity in gallons □ Label each component with its location inside or outside house □ Maintenance plan for the rainwater catchment system □ Rainwater catchment title notice □ Design or as-built for on-site sewage system					
- Design of as bank for on-site sewage system					

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¹² SCC 12.48.250(1)(a).

¹³ For potable uses, Skagit County has the authority to require submitted plans be prepared by a licensed architect or engineer. UPC 103.2.1. 1800 CONTINENTAL PLACE, MOUNT VERNON, WA 98273 | PHONE (360) 416–1320 | EMAIL pds@co.skagit.wa.us

Contact Information and Signature

An application will not be accepted without this form. By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

Property	Owner:	☐ Payment Provider
Name Mailing Address City, State, Zip		Parcel(s) Phone Email
Contract	or:	☐ Same as Property Owner ☐ Payment Provider
Name Mailing Address City, State, Zip		Phone Email License #
Contact:		☐ Same as Property Owner ☐ Same as Contractor
Name Mailing Address City, State, Zip		☐ Payment Provider Phone Email License #
Financin	g^1 :	☐ None ☐ Lender is providing construction financing ☐ Firm has issued payment bond
Name Mailing Address		City, State, Zip Phone
site to verify the pres proposed by this app I have attached the 14.06.090). This is a fire suppr	ence or absence of criti- lication e Agent Authorization l ression permit, mechani	ad I grant permission to field staff to enter the cal areas and perform inspections of work Form(s). Owner's have given their consent (SCC ical/plumbing permit, septic permit, or preproperty owner's authorization is not required.

¹ Required by RCW 19.27.095(2)(d) for building permit applications.



Agent Authorization Form

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Perr	mit	#+•
1 611	1111	π.

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Use this form to authorize someone other than the property owner to apply for permits for the subject

property. ¹⁴		y owner to apply for permits for the su	
Project Site			
Property Address:			Received by:
City, State, Zip:			
Authorization Statement			
		rizeapplication, and sign title notices on m	
		the presence or absence of critical are	eas and perform inspections of
work proposed by this applicate Property Owner Signatu			
Delinta d Nama		Signature:	
			-
Title:		Title:	-
Company:		Company:	
Date:		Date:	
Notarization			
State of			
		e me on by	
u3	01	·	
Dated:			
	Signature of Notary Printed Name of Not	Public tary Public	
	My commission expi	ires	
(Notary seal or stamp above)			



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Skagit County requires testing for contaminants for individual wells and alternative water sources.

Ensure your results are recent

- Bacteriological test results must be for samples collected in the last six months.
- Inorganic test results must be for samples collected in the last five years.

Use an accredited lab

Testing must be performed by a laboratory accredited by the State Department of Ecology for Drinking Water. A database of accredited labs is at www.ecy.wa.gov/programs/eap/labs/.

For more information

Visit our webpage at www.skagitcounty.net/drinkingwater

Inorganic Chemicals

SCC 12.48.110 requires testing of the following parameters. Results that exceed the maximum contaminant level may require treatment by disinfection or filtration and may require additional testing to confirm treatment.

Inorganic Chemical or Physical Characteristic	Maximum Contaminant Level (mg/L unless otherwise stated)		
arsenic	0.01	Skin and central nervous system damage	
antimony	0.006	Gastrointestinal illness & potential human carcinogen	
barium	2.0	Muscle stimulant, increase blood pressure	
chromium	0.1	Liver and kidney damage	
fluoride	4.0	 Reduces tooth decay (.7 ppm – 1.2 ppm) Tooth pitting and discoloration (2.0 + ppm) Bone damage (4.0+ ppm) 	
mercury	0.002	Central nervous system and kidney damage	
nitrate	10.0	Reduces blood's ability to carry oxygen (infants particularly susceptible)	
selenium	0.05	Skin and gastrointestinal damage	
chloride	250	Skin and gastrointestinal damage; may indicate seawater intrusion	
conductivity	700 μmhos/cm	Indicator of contamination	
iron	*	Gastrointestinal and objectionable taste, odor, and staining	
lead	*	Central and peripheral nervous system and kidney damage	
hardness	*	Deposits in piping & may interfere with water treatment equipment	
manganese	*	Taste, odor, and staining; central nervous system at high levels	
рН	*	 Low pH: bitter metallic taste: pipe corrosion. High pH: slippery feel; soda taste; deposits on inside of piping. 	
sodium	*	Increased blood pressure; may indicate seawater intrusion	
total dissolved solids	*	Hardness, deposits, colored water, staining, salty taste	
turbidity	*	Cloudy water; interferes with treatment or disinfection	

^{*}no minimum contaminant level