



## Small Water System Management Program Submittal Form

This form must be completed and submitted along with the Small Water System Management Program (SWSMP). It will expedite review and approval of your SWSMP. **All water systems should contact their regional planner before developing any planning document for submittal.**

Dockton Water Association	19550J	Dockton Water Association	
1. Water System Name	PWS ID# or Owner ID#	System Owner Name	
Dave Stoltz	(206) 463-5600	Manager	
Contact Name for Utility	Phone Number	Title	
9710 SW WINDMILL ST	VASHON	WA	98070
Contact Address	City	State	Zip
Ben Dahle, Dahle Engineering	253.260.3613	Civil Engineer	
2. Project Engineer (if applicable)	Phone Number	Title	
PO Box 731334	Puyallup	WA	98373
Project Engineer Address (if applicable)	City	State	Zip
Same as #1			
3. Billing Contact Name (required if not the same as #1)	Billing Phone Number	Billing Fax Number	
Billing Address	City	State	Zip

4. How many services are presently connected to the system? \_\_\_\_\_ 470 \_\_\_\_\_
5. If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission?  Yes  No
6. Is the system located in a Critical Water Supply Service Area (i.e. have a Coordinated Water System Plan)?  Yes  No
7. If answer to question 6 is "yes," have you sent a copy of the draft SWSMP to the county or agency responsible for the Coordinated Water System Plan?  Yes  No
8. Is the system a customer of a wholesale water purveyor?  Yes  No
9. Is the system proposing a new intertie?  Yes  No
10. Do you have projects currently under review by the Department of Health?  Yes  No
11. Are you proposing a change in the place of use of your water right?  Yes  No
12. If answer to question 11 is "yes", the purveyor must send a copy of the draft SWSMP to all local governments within the service area (county and city planning departments) for a local consistency determination. Has this been completed?  Yes  No

Is this plan:  an Initial Submittal  a Revised Submittal

Please enclose the following number of copies of the SWSMP:

**3** copies for Northwest and Southwest Regional Offices **OR 2** copies for Eastern Regional Office.

**1** additional copy if you answered "yes" to question 5.

**Electronic**

**Please return completed form to the Office of Drinking Water regional office checked below.**

**Northwest Drinking Water**  
 Department of Health  
 20425 72<sup>nd</sup> Ave S, Suite 310  
 Kent, WA 98032-2358  
 Phone: (253) 395-6750  
 Fax: (253) 395-6760

**Southwest Drinking Water**  
 Department of Health  
 PO Box 47823  
 Olympia, WA 98504-7823  
 Phone: (360) 236-3030  
 Fax: (360) 664-8058

**Eastern Drinking Water**  
 Department of Health  
 16201 E Indiana Ave, Suite 1500  
 Spokane Valley, WA 99216  
 Phone: (509) 329-2100  
 Fax: (509) 329-2104

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