**Group B Design Workbook**



Complete this workbook to satisfy the planning   
and design requirements needed to get approval   
for a new or expanding Group B water system.



DOH 331-468

December 2016

INTRODUCTION

Completing this *Group B Design Workbook* (workbook) will satisfy the design and planning requirements for a new or expanding Group B water system (WAC 246-291-120 and WAC 246-291-140, respectively). The department’s review of your water system design will not confer or guarantee any right to a specific quantity of water.  Our review will be based on your representation of available water quantity.  If the Washington Department of Ecology, a local planning agency, or other authority responsible for determining water rights and water system adequacy determines that you have use of less water than you represent, the number of approved connections may be reduced commensurate with the actual amount of water and your legal right to use it.

If you’re a professional engineer and are not comfortable using this workbook format, you may submit your design in an alternate format of your choosing. However, you must submit all the information referenced in this workbook and required by chapter 246-291 WAC.

Before sending your completed workbook to the reviewing agency, make copies of all plans, design drawings, worksheets, equipment information, operations and maintenance manuals, legal documents, and forms. Keep this information with your other project documents to help you and others successfully manage and operate your new water system.

**Regulations**

We suggest you become familiar with Washington’s Group B water system rule (chapter 246-291 WAC) before you start your design. The Group B Rule, effective January 1, 2014, is online [doh.wa.gov/CommunityandEnvironment/DrinkingWater/RegulationandCompliance/Rules](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/RegulationandCompliance/Rules).

**Group B Water System Design Guidelines**

Use this workbook with the [*Group B Water System Design Guidelines* (331-467)](http://www.doh.wa.gov/portals/1/Documents/pubs/331-467.pdf). The guidelines are online at [doh.wa.gov/portals/1/Documents/pubs/331-467.pdf](http://www.doh.wa.gov/portals/1/Documents/pubs/331-467.pdf).

Even if you are experienced designing small systems, we recommend you read the guidelines before starting your design. We created them to support your goal of preparing a complete submittal that reflects sound water system design practices and established principles of public health protection. They will answer questions such as:

* When can’t I develop my own Group B water system?
* When don’t I need to get approval before I construct my water system?
* When must a professional engineer design the new or expanding system?
* Which water quality tests must I submit?
* How long must I run the pump test on my well?
* How do Washington’s water rights laws affect my design?
* How big an easement should I have for my pipelines?
* What information must I include on the title of customers’ properties?

Certain one and two-connection water systems are not regulated. Before submitting your Group B design workbook, see Section 2.1 of the [*Group B Water System Design Guidelines* (331-467)](http://www.doh.wa.gov/portals/1/Documents/pubs/331-467.pdf) to be sure your project design requires department approval.

**Fees Charged for Workbook Design Reviews**

A completed workbook addresses the planning, design report, and construction documents required by WAC 246-291-120 and -140.

* If the local health jurisdiction is the reviewing authority:

Ask your local health department about the fees it will charge to review your workbook.

* If the state Department of Health is the reviewing authority:

The department will charge applicants each of the following fees for a new Group B water system.

$138 for a Water System Plan Review (WAC 246-290-990 (1)(a))

$205 for a Design Report Review (WAC 246-290-990 (1)(d))

$281 for a Construction Document Review (WAC 246-290-990 (1)(f))

Total fee = $624

In addition to the fees above, the department will charge applicants for the following services.

$205 for a Well Site Evaluation (WAC 246-290-990 (1)(i))

Fee varies for a Secondary Treatment Design Review   
(For amounts, see WAC 246-290-990 (1)(d) and (1)(f)).

Fee varies for evaluation of a potential groundwater under the direct influence of surface water source.

**Online Group B Resources**

We developed online Group B resources to help you from the pre-submittal stage of your water system design through operation and maintenance.

The [Online Group B Resources](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Resources) include:

* All the forms you need to meet the submittal requirements for a new or expanding Group B water system, including the [Group B Project Approval Application Form](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-149-Fb.doc) and Water Facilities Inventory Form.
* Guidance to help you operate and maintain your small system. After you receive written approval of your water system design, you may begin construction of the distribution system, well house, tanks, treatment equipment, and so forth. We urge you to review this information before you begin operating your new or expanded system.

You can view the Group B resources at [doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Resources](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Resources).

**Department of Health Contacts**

Before beginning your Group B workbook, we strongly recommend that you contact your local health jurisdiction to find out whether the local or state health department administers the Group B program in your county. In the Group B workbook and in the[*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf), the term "department" refers to the agency responsible for reviewing and approving a Group B water system design in your particular county.

Designers or design engineers with questions or concerns should contact the department. Table 1 presents contact information for the state Department of Health. You can get contact information for your local health jurisdiction from your local phone book.

Table 1

Office of Drinking Water Regional Offices

If you have questions about this workbook, the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/portals/1/Documents/pubs/331-467.pdf), the [*Online Group B Resources*](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Resources)*,* or the [State Board of Health Rules](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/RegulationandCompliance/Rules) on Group B Public Water Systems,call our regional office or your local health jurisdiction.

|  |  |
| --- | --- |
| **Eastern Region** | **Serving** |
| **Drinking Water Eastern Regional Office**  16201 E. Indiana Ave.  Suite 1500  Spokane Valley, WA 99216  **Phone:** 509-329-2100  **Fax:** 509-329-2104  **TDD Relay:** 1-800-833-6388 | Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Ferry, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima counties. |
| **Northwest Region** | **Serving** |
| **Drinking Water Northwest Regional Office**  20425 - 72nd Avenue South  Suite 310  Kent, WA  98032  **Phone:** 253-395-6750  **Fax:** 253-395-6760  **TDD Relay:** 1-800-833-6388 | Island, King, Pierce, San Juan, Skagit, Snohomish, and Whatcom counties. |
| **Southwest Region** | **Serving** |
| **Drinking Water Southwest Regional Office**  **Physical:** 243 Israel Road  Tumwater, WA 98501  **Mailing:** P O Box 47823  Olympia, WA 98504-7823  **Phone:** 360-236-3030  **Fax:** 360-664-8058  **TDD Relay:** 1-800-833-6388 | Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum counties. |

Group B Planning and Design Submittal Checklist

**CHECKLIST FOR A NEW OR EXPANDING**

**GROUP B WATER SYSTEM**

**Check the appropriate box for each row and submit a completed checklist with workbook**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planning and Design Submittal Element** | **Group B Design Guidelines Section** | **Yes,**  **Included** | **No, Not Applicable** |
| Completed submittal checklist for a new or expanding  Group B system |  |  | **Always Applicable** |
| Completed project approval application form | Section 2.2 |  |
| Property title notice | Section 2.6 |  |
| Service area map | Section 2.3 |  |
| Demonstrate compliance with SMA requirement  **Applies to new systems only**. | Section 2.5 |  |  |
| Demonstrate compliance with PWS Coordination Act | Section 2.4 |  |  |
| Completed Water Facilities Inventory (WFI)  Completing a WFI will expedite the review process. | Section 2.9 |  |  |
| Water users’ agreement (**optional**) | Section 2.8 |  |  |
| Water right permit or other needed Dept. of Ecology approval | Section 3.0 |  |  |
| Well log | Section 4.1 |  |  |
| Well pump test report | Section 4.1 |  |  |
| Well water quality sampling results | Section 4.2 |  |  |
| Documentation of well site approval | Section 4.3 |  |  |
| Well sanitary control area protective covenants | Section 2.7 and 4.3 |  |  |
| Intertie agreement | Section 4.4 |  |  |
| Well and pump house detailed drawings and specifications | Section 5.2 and 5.3 |  |  |
| Distribution system detailed drawing and specifications | Section 6.10 |  | **Always Applicable** |
| Storage tank sizing, detailed drawings, and specifications | Section 7.6 |  |  |
| Booster pump sizing, detailed drawings, and specifications | Section 8.1 |  |  |
| Secondary contaminant treatment design | Chapter 9 |  |  |
| Completed [*Group B Design Report Workbook*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-468.doc) |  |  | **Always Applicable** |

GROUP B Design Report Workbook

**1.0 Designer and Owner**

Failure to complete all applicable sections of this workbook will result in denial of your application or delay in its approval. Please print all information.

**1.1 Water System Designer**

Workbook prepared by:

Mailing Address:

Company Name:

Day Phone:

If prepared by a Professional Engineer, apply seal here.

**1.2 Water System Owner**

Owner’s Name:

Owner’s Mailing Address:

Day Phone:

Owner’s Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

2.0 Basic Water System Information

**2.1 Water system name and location.**

System Name

Water System Location

(Town or City, County)

Public Water System ID#

(Applies only to existing systems seeking approval to expand.)

**2.2 Basic information.**

You **must** submit the following with this workbook.

|  |
| --- |
| * Completed Group B planning and design submittal checklist. |
| * Completed project approval application form.   The form is online at [doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Design](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Design). |
| * Property title notice (the notice you intend to record on the title for each property served, see [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) Section 2.6). |
| * Service area map. |
| * Demonstrated compliance with Satellite Management Agency requirement.   See [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) Section 2.5. |
| * Demonstrated compliance with Public Water System Coordination Act.   See [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) Section 2.4. |

We recommend you include a completed Water Facilities Inventory Form. See [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) Appendix E.

**2.3 Connections and Population**

See the requirements for establishing the design service population for each dwelling unit in WAC 246-291-200 (2). See Section 2.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) for expectations on counting accessory dwelling units as separate connections.

|  |  |  |  |
| --- | --- | --- | --- |
| **Connections** | | **Service Population** | |
| **Dwelling units** | **Nonresidential** | **Residential** | **Nonresidential** |
|  |  |  |  |

Use the space below to describe the basis for estimating your residential and nonresidential service population.

3.0 Estimating Water Demands

**3.1 Complete Worksheet 3-1**

**Summary of Peak Hourly Demand (PHD) and Maximum Daily Demand (MDD) Summary**

**Worksheet 3-1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line** | **Group B Design Guidelines Section** | **Description** | **Value** |
| A | 3.1.1, and 3.3 | Total residential MDD, gallons per day |  |
| B | 3.1.2, and 3.3 | Total residential PHD, gallons per minute |  |
| C | 3.2.1, and 3.3 | Total non-residential MDD, gallons per day |  |
| D | 3.2.2, and 3.3 | Total non-residential PHD, gallons per minute |  |
| F-1 | 3.4 | Fire suppression flow required (if any), gpm |  |
| F-2 | 3.4 | Fire suppression flow duration, minutes |  |

Total area intended for irrigation:       square feet or acres

Total system MDD (Lines A+C):       gallons per day

Total system PHD (Lines B+D+F1):       gallons per minute

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Is a **water right permit** or other written Department of Ecology water resource approval required? See Section 3.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*

     Yes      No

If “Yes,” enclose a copy of the water right permit or other written approval from the Department of Ecology.

Use the space below to show your calculations of estimated MDD and PHD:

4.0 Source of Supply

**4.1 Well information**

If a well will supply water to your system, you must attach the following to your design submittal:

|  |
| --- |
| * Well log. |
| * Pump test report. (See Section 4.1 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*) |
| * Water quality sampling results. (See Section 4.2 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) and WAC 246-291-125 (3)(g).) |
| * Well site inspection report prepared by DOH or the local health jurisdiction. |
| * Well sanitary control area protective covenants. (Attach a copy of the actual protective covenants filed with the County Auditor for each public drinking water well. See Sections 2.7 and 4.3 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*) |
| * Low yield well water supply contingency plan, if required. (See Section 4.1 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*) |

**4.2 Wellhead Protection Inventory**

Please indicate whether any of the following are present within 600 feet of your well.

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Water Quality Threat** | **Yes** | **No** | **Unknown** |
| Likely pesticide application |  |  |  |
| Storm water injection wells |  |  |  |
| Other injection wells |  |  |  |
| Abandoned groundwater wells |  |  |  |
| Landfills, dumps, disposal areas |  |  |  |
| Known hazardous materials site |  |  |  |
| Another water system with known water quality problems |  |  |  |
| Residential development greater than one house per acre |  |  |  |
| Residential septic tanks |  |  |  |
| Underground storage tanks |  |  |  |
| Sewer lines |  |  |  |
| Storm water disposal areas |  |  |  |
| Surface water – **If yes, specify distance from well site:**       **feet** |  |  |  |

Use this space to provide more detail of any water quality threat located within 600 feet of your well.

**4.2 Intertie information**

If an intertie will supply your system, you must attach a copy of your intertie agreement, and service capacity and hydraulic analyses of the wholesale system. For details about the minimum scope of an intertie agreement, see WAC 246-291-135.

5.0 Well Pump, Bladder Tanks, and Pump House

**5.1 Piping Schematic**

Draw a schematic of the piping system below. Begin with the well, continue to the pump house, and on to the distribution system. Include each branch line in the distribution system, and label each branch line junction. These junction points will be referenced in Worksheet 5-1.

**(**See Example 5-1 in Section 5.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*)

**5.2 Complete Worksheet 5-1 (**See Example 5-1 in Section 5.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Dynamic Head Calculation** | | | | | | | | | | | | |
| **Friction Head Calculation** | | | | | | | | **Static Head Calculation,**  **Assume top of well casing elevation is 0 ft.** | | | **Min. Pressure Head, ft** | **Min. Total Dynamic Head, ft** |
| **Pipe Segment** | **From** | **To** | **Pump or Flow Rate, gpm** | **Pipe Size, inches** | **Friction Loss per 100 ft** | **Pipeline Length, ft** | **Pipe Segment Friction Loss, ft** | **Top of well casing to water while pumping, ft** | **Ground Elev. at “to”** | **Elevation difference, ft** |
| **1** | Well pump | Top of well casing |  |  |  |  |  |  |  |  | 69 |  |
| **2** | Top of well casing |  |  |  |  |  |  |  |  |  | 69 |  |
| **3** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **4** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **5** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **6** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **7** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **8** |  |  |  |  |  |  |  |  |  |  | 69 |  |
| **9** |  |  |  |  |  |  |  |  |  |  | 69 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. With a simple system consisting of only a well pump and bladder tanks, the well pump is the only pump in the system. Without a storage tank, the well pump must generate enough flow and pressure to supply at least the PHD, and to provide at least 30 psi to each customer connected to the distribution system during PHD conditions.
2. For the segment that includes the well house, **add ten feet of friction loss** to account for losses related to fittings and valves. If you intend to use a cycle control valve, **add additional friction loss** per manufacturer’s data (See Section 5.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)).
3. Total the “pipe segment friction loss” for each pipe segment + “elevation difference” + “minimum pressure head” values. The highest Total Dynamic Head (TDH) is the minimum pressure, expressed in feet of head that the well pump must generate while pumping the peak hourly demand. You may wish to select a pump with a TDH greater than the required minimum.
   1. **Summary of Well Pump Selection**

Cycle Control Valve (CCV) incorporated in design:      Yes      No

Variable frequency drive well pump(s) incorporated in design:      Yes      No

|  |  |  |  |
| --- | --- | --- | --- |
| **Pump Design Parameter** | **At well pump “on”:** | **At well pump “off”:** | **Comment** |
| Pressure switch settings  or  Reservoir level control | psi        ft | psi        ft | If well pumps to bladder tanks  If well pumps to atmospheric reservoir |
| Discharge rate | gpm | gpm |  |
| Total Dynamic Head | feet | feet |  |

Well pump setting (depth) below top of well casing:       feet.

Attach well pump catalog information with your design submittal:

* Pump curve (or table showing discharge head and corresponding discharge flow).
* Identify the pump “on” and pump “off” operating points on the pump curve.
* Pump manufacturer and pump model number.
* Pump horse power.
  1. **Bladder Tank Selection (for well pump or booster pump)**

Follow the design guidance in Section 5.1 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf) for bladder tank selection. If the design includes a cycle control valve, see the design guidelines Appendix G.

Summarize the bladder tank selection.

Size of bladder tanks       gallons

Number of tanks       tanks

Pre-charged pressure       psi

Use the space below to show your calculations (Equation 5-2) for selecting bladder tanks.

* 1. **Well and pump house detailed drawings and specifications**

Attach a copy of the well and pump house detailed drawings and specifications. The minimum scope of this information is in Sections 5.2 and 5.3 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*

6.0 Piping and Distribution System

**6.1 Summary of pipe design**

Distribution system pipe size and material specified.

(For example, *1½ to 3-inch ASTM D 1785 Schedule 40 PVC.*)

Minimum pipeline depth of bury specified.

(For example, No less than 48 inches from finished grade.)

Pipeline hydrostatic pressure testing specification.

(For example, APWA/WSDOT (2012) Section 7-11 … minimum 200 psi.)

Pipeline disinfection specification.

(For example, *APWA/WSDOT (2012) Section 7-11.*)

Private property easements required?

     Required (design drawings must identify the location and dimension of these easements).

     Not required.

**6.1 Service meters**

Service meters:

     Provided at each connection.

     Not provided at each connection.

**6.3 Cross connection control**

Are there any existing or proposed customer connections that pose a high health risk if a cross connection occurred between the drinking water system and a contaminant source originating from the consumer’s property? (See Section 6.8 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*).*

     Yes (if yes, attach a description of the cross connection and how the cross connection will be controlled or eliminated.)

     No.

**6.4 Distribution system detailed drawings and specifications**

Attach a copy of the distribution system detail drawings and specifications (see Section 6.10 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*).*

7.0 Atmospheric Storage Tank

**7.1 Determining need for an atmospheric storage tank**

If any of the following conditions apply to the design of the new or expanding Group B water system, an atmospheric storage tank must be provided (check all that apply).

     Yes The peak hourly demand is greater than the selected well pump can deliver at the pump “on” setting.

     Yes The local fire authority requires the Group B water system to provide fire suppression capacity, and the source of supply cannot match the needed fire flow.

     Yes The location of the Group B water system is subject to the Public Water System Coordination Act, it must provide a minimum fire flow, and the source of supply cannot match the needed fire flow.

     Yes The designer wishes to provide standby storage or fire suppression capacity.

Use the space below (or a separate sheet of paper) to show your calculations for sizing the storage tank and establishing the elevation of the tank bottom and tank overflow. See Chapter 7 and Equation 7-4 in the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.*

Operating storage.

Equalizing storage.

Standby storage.

Fire suppression storage.

Dead storage.

**7.2 Storage tank detailed drawings and specifications**

Attach a copy of the storage tank detail drawings and specifications. (See Section 7.6 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.)*

8.0 Booster Pumps

**8.1 Booster pump selection**

Summarize the following booster pump design information.

Number of booster pumps:

Pump Cycle Control Valve (CCV) incorporated in design.

     Yes      No

Variable frequency booster pump drive pump(s) incorporated in design.

     Yes      No

**Booster Pump 1**

|  |  |  |
| --- | --- | --- |
| **Pump Design Parameter** | **At well pump “on”:** | **At well pump “off”:** |
| Pressure switch pressure setting | psi | psi |
| Discharge rate | gpm | gpm |
| Total Dynamic Head | feet | feet |

Attach booster pump catalog information with your design submittal:

* Pump curve (or table showing discharge head and corresponding discharge flow).
* Identify the pump “on” and pump “off” operating points on the pump curve.
* Pump manufacturer and pump model number.
* Pump horse power.

**Booster Pump 2 (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Pump Design Parameter** | **At well pump “on”:** | **At well pump “off”:** |
| Pressure switch pressure setting | psi | psi |
| Discharge rate | gpm | gpm |
| Total Dynamic Head | feet | feet |

Attach booster pump catalog information with your design submittal:

* Pump curve (or table showing discharge head and corresponding discharge flow).
* Identify the pump “on” and pump “off” operating points on the pump curve.
* Pump manufacturer and pump model number.
* Pump horse power.

**8.2 Booster pump station detailed drawings and specifications**

Attach a copy of the booster pump station detailed drawings and specifications. (See Sections 5.2, 5.3, and 8.0 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf)*.)*

9.0 Secondary Contaminant Treatment Design

If treatment for a secondary contaminant (such as iron or manganese) is required, provide the following information.

Contaminant(s) to be treated:

Treatment device:

Manufacturer's name:

Model:

Capacity (gpm):

Capacity (gpd):

Removal efficiency:

Concentration in well:       mg/l

Expected concentration after treatment:       mg/l

Attach a copy of the following information:

* Treatment process and maximum daily treated water production capacity.
* Hydraulic considerations and headloss calculations.
* Manufacturer’s catalog information showing the treatment system is appropriate for removing the contaminant, based on the untreated water sample information from the well.
* A complete set of water quality data necessary to assess and confirm the effectiveness of the proposed treatment, based on the unique water quality characteristics of the well to be treated.
* Residual disposal volume, disposal permit(s) (if required), and plan for residual disposal.
* Manufacturer’s recommended operations and maintenance procedures.
* A list of all chemicals needed for normal operation and maintenance (if any).
* Materials safety data sheet information on all chemicals needed.
* Manufacturer’s recommended field water quality testing (if any).

10.0 Financial Viability

**10.1 Financial Viability Worksheet**

The goal is to establish plans, policies, and procedures that give the system owner(s) the ability to obtain enough funds to cover the total cost of operating and maintaining a safe, reliable water system on a continuing basis. Rates and other revenue should be adequate to cover all anticipated expenses. See Chapter 10 of the [*Group B Water System Design Guidelines*](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-467.pdf).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOTAL EXPENSES** | **1st Yr.** | **2nd Yr.** | **3rd Yr.** | **4th Yr.** |
| 1. Wages & Benefits (Incl. SMA costs) | $ | $ | $ | $ |
| 1. Electricity & other utilities | $ | $ | $ | $ |
| 1. Chemical & Treatment | $ | $ | $ | $ |
| 1. Monitoring Costs | $ | $ | $ | $ |
| 1. Materials & Supplies | $ | $ | $ | $ |
| 1. Repairs and Parts | $ | $ | $ | $ |
| 1. Emergency Reserve Contribution | $ | $ | $ | $ |
| 1. Asset Replacement Reserve Contribution | $ | $ | $ | $ |
| 1. Principal & Interest Payments  (For outstanding loans) | $ | $ | $ | $ |
| 1. Taxes and Assessments | $ | $ | $ | $ |
| 1. Insurance and Misc. Expenses | $ | $ | $ | $ |
| 1. Total Expenses (Add lines 1 to 11) | $ | $ | $ | $ |
| **TOTAL REVENUE FROM SOURCES OTHER THAN WATER RATES** | | | | |
| 1. Hook Up and Other User Fees | $ | $ | $ | $ |
| 1. Interest Earned | $ | $ | $ | $ |
| 1. Other Revenue | $ | $ | $ | $ |
| 1. Total Revenue (Add lines 13 to 15) | $ | $ | $ | $ |
| **WATER RATE CALCULATIONS** | | | | |
| 1. Remaining Revenue Required (Line 12 minus Line 16) | $ | $ | $ | $ |
| 1. Number of Connections | $ | $ | $ | $ |
| 1. Average Water Rate (Line 17 divided by Line 18) | $ | $ | $ | $ |