



WATER AVAILABILITY FORM
PUBLIC WATER SYSTEM

WHATCOM COUNTY HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Complete and submit form with original signatures to WCHD
(copies are not accepted)

Applicant Information:

Applicant/Owner(s): Phone:
Address: City: State: Zip:
Contact Person: Phone:
Email and/or Alternate Contact:

I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand that this approval expires one year after the PWS Authorized Representative signature date and that application for final plat approval and/or building permit must be made before the expiration date. I understand that information submitted is subject to the Public Records Act.

Sign: Print: Date:

Property Information: Project Type: Single Multi-Family ADU Commercial Plat

Tax Parcel Number (twelve digit number):

Address of Project:

Building Permit Number: Plat Name: Lot:

Briefly describe project (attach site plan and additional pages as needed)

Certification of Public Water Availability: to be Completed by the PWS Authorized Representative

Group B water systems must have current water tests - bacteriological less than one year old and nitrate less than three years old.

Public Water System Name: DOH ID#:

The above Public Water System (PWS) is approved by the WA State Department of Health or the WCHD for service connections and currently serves service connections. The PWS has the necessary water system infrastructure in place to adequately provide service to the above property per WAC 246-290 or WAC 246-291. The PWS is capable of and willing to supply water to the above property, residence, project or plat for New service(s) and/or Existing service(s).

Direct Connection? Yes No (meter ready, no extension required)

Conditions of Service

I certify that I am an authorized representative of the above PWS. I understand this certification expires one year after the PWS signature date. I understand that information submitted is subject to the Public Records Act 42.56.

Sign: Print: Date:

Title: Address: Phone:

For Health Department Use Only:

Approved Date: Approval Expires:

Denied

By: Comments or Conditions:

Notify Via: Email Phone Mail

The subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with ch 58.17 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.