



## Island County Public Health

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### WATER AVAILABILITY VERIFICATION APPLICATION

Please return completed Water Availability Verification Application to Island County Public Health for review/approval.

#### PUBLIC WATER SYSTEMS (two or more connections)

*Current fee required*

Receipt # \_\_\_\_\_

Application # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Ph. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Type of proposal

New construction on a vacant parcel  
Remodel of existing residence

Replacement of existing residence

Other (ADU, commercial connection) \_\_\_\_\_

This section is to be completed by the water purveyor in **blue ink**. An attached letter, signed by the purveyor, with the following information is also acceptable. *For 2-party water system a recent bacteria (within last 12 months) and nitrate (within last 3 years) water test results must be provided.*

The above referenced parcel is within the approved service area of the \_\_\_\_\_

public water system, PWS ID # \_\_\_\_\_. This system has the approved capacity and is willing to supply a residential connection. The above public water system was approved for \_\_\_\_ service connections on \_\_\_\_\_ (month/year). It is currently serving \_\_\_\_ active connections with \_\_\_\_ connections committed, but not serving a residence. The water system facilities necessary to adequately provide service to this site have been designed, approved, and installed per WAC 246-290 and/or WAC 246-291.

Purveyor's Signature (**blue ink**) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signature \_\_\_\_\_ Ph. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

#### FOR LOCAL HEALTH DEPARTMENT USE ONLY

The Island County Health Department has reviewed the available information related to water adequacy for parcel number \_\_\_\_\_. This office finds there **is** adequate water as per I.C.C. 8.09.

Verification \_\_\_\_\_ Date \_\_\_\_\_

If checked, water approval is conditioned on the following: