



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 Replacement of existing residence
Remodel 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: