



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.

INDIVIDUAL WATER SYSTEMS *(one connection only)* *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) _____

SECTION A (Complete if the Department of Ecology water right permit is required and/or has been issued)

_____ Use of water for this building is authorized by Water Right Permit # _____, which has not been canceled or relinquished. Please attach a copy of the certificate.
 _____ Evidence that a water meter has been installed at the well is attached.

SECTION B The source for this building does not require a DOE water right. I have attached copies of the following documents in order to verify the availability of water:

- _____ 1. A well site approval letter from Island County Health Department or well site certification from a licensed well driller.
- _____ 2. Written results for the bailer test or airline test or pump test, which was performed for a minimum of one hour, verifying a minimum yield of 400 gallons per day.
- _____ 3. A well driller's report ("well log").
- _____ 4. A scaled plot plan, showing the location of the well relative to property lines and drainfields;
- _____ 5. Water quality analysis results (**bacteriologic, nitrate, arsenic, chloride and conductivity as a minimum**)
- _____ 6. Recorded covenants establishing a 100 feet pollution control radius around the well (not required if the entire pollution control zone lies within the applicant's property).
- _____ 7. Evidence that a water meter has been installed at the well.
- _____ 8. Any additional information deemed necessary by the Island County Health Officer.

Signature (**blue ink**) _____ Date _____

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 <u>is</u> adequate water as per ICC 8.09.	
Verification _____	Date _____
<input type="checkbox"/> If checked, water approval is conditioned on the following:	