



## Island County Public Health

Mailing Address: 1 NE 7th Street, Coupeville, WA 98239  
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[www.islandcountywa.gov](http://www.islandcountywa.gov)

### WATER AVAILABILITY VERIFICATION APPLICATION

Completed original Water Availability Verification Application must be submitted with fee either in person or by mail.

#### 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  
Remodel of existing residence

Replacement 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 (last 12 months), nitrate, arsenic, chloride and conductivity (last 3 years)).
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 is adequate water as per ICC 8.09.

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

- If checked, water approval is conditioned on the following: