



ISLAND COUNTY PUBLIC HEALTH

Environmental Health
PO Box 5000
Coupeville, WA 98239
P: 360.679.7350 F: 360.679.7390

WATER AVAILABILITY VERIFICATION APPLICATION

Prior to the issuance of a building permit to any building requiring potable water, evidence of an adequate water supply must be provided by the applicant to the Island County Building Department.

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 _____

- Check type of proposal**
- _____ New construction on a vacant parcel
 - _____ Replacement of existing residence
 - _____ Remodel of existing residence
 - _____ Other (guest cottage, shop, pole barn) _____

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 ISLAND COUNTY PUBLIC HEALTH DEPARTMENT USE ONLY** *****
This Water Availability Verification Form is valid for one year from the date of issuance.
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 CONDITIONAL. SPECIAL CONDITIONS APPLY