



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.

INDIVIDUAL WATER SYSTEMS (one connection only) 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) _____

Complete **Section A**, if a Department of Ecology water right permit is required and/or has been issued (5,000 or more gallons pumped per day). Otherwise, complete Section B. Sign at bottom of form when completed.

SECTION A (individual water system with water right)

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; and
- 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; and
- 3. A well driller's report ("well log"); and
- 4. A scaled plot plan, showing the location of the well relative to property lines and drainfields; and
- 5. Water quality analysis results (**bacteriologic, nitrate, arsenic, chloride and conductivity as a minimum**)
- 6. Recorded covenants establishing a 100 foot pollution control radius around the well (not required if the entire pollution control zone lies within the applicant's property); and
- 7. Evidence that a water meter has been installed at the well; and
- 8. Any additional information deemed necessary by the Island County Health Officer.

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

***** **FOR 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.