

Island County Public Health

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WATER AVAILABILITY VERIFICATION APPLICATION

Please return completed original Water Availability Verification Application and fee to Island County Public Health for review/approval.

PUBLIC WATER S	YSTEMS (two or more connections)	Current fee required	
Receipt #		Application #	
Applicant Name		Ph. #	
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)	
information is also a		n attached letter, signed by the purveyor, with the following acteria (within last 12 months) and nitrate (within last 3	
The above reference	d parcel is within the approved service area of t	he	
connection. The about	ove public water system was approved for active connections with connection o adequately provide service to this site have be	s the approved capacity and is willing to supply a residentialservice connections on (month/year). It is s committed, but not serving a residence. The water system een designed, approved, and installed per WAC 246-290	
Purveyor's Signat	ture (blue ink)	Date	
		Ph. #	
Mailing Address _			
	FOR LOCAL HEALTH DEPA	RTMENT USE ONLY	
	Health Department has reviewed the avail	able information related to water adequacy for parcel re <u>is</u> adequate water as per I.C.C. 8.09.	
	ater approval is conditioned on the following		