

To Protect and Promote the Health and the Environment of the People of Kittitas County

CISTERN WATER SYSTEM (Serving One (1) Connection) ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS	TRACKING#: _____
FOR MORE INFORMATION VISIT THE PUBLIC HEALTH DEPARTMENT WEBSITE AT: WWW.CO.KITTITAS.WA.US/HEALTH	

Incomplete applications, including applications without the proper documentation, will not be processed. KCPHD will return incomplete applications after 30 days to the applicant. All applicable fees may be non-refundable.

OWNER OF RECORD: _____ PHONE #: _____

MAILING ADDRESS: _____ PARCEL #: _____

PROJECT LOCATION: _____ E-MAIL: _____

PROJECT DESCRIPTION: _____

PROJECT USE: Construction of a single family residence Garage w/plumbing ADU
 Other: _____

DOES THE PARCEL CURRENTLY HAVE A STRUCTURE WITH PLUMBING?
 YES NO, the proposed project will be the 1st structure with plumbing on the property.

PART I – WATER SUPPLY

CISTERN WATER SYSTEM: Serving one residential dwelling unit

PROVIDE THE FOLLOWING:

- A letter from the water purveyor where:
 - The purveyor agrees to supply the minimum amount of water per month
 - The purveyor is capable of supplying water to the cistern because the purveyor has either:
 - Obtained an approved amendment to the water system plan allowing the supply to cisterns; or
 - Obtained an approved place of use amendment from the Department of Ecology
- Proof that the following is filed with the County Auditor:
 - A notice of Alternative Water Supply for the property where the cistern is located
 - Operations and Maintenance Plans that bear an engineer’s seal and signature
- Approved cistern water system designs that bear an engineer’s seal and signature
- Attach a current green operating permit from the Washington State Department of Health
- Site map identifying the location of the proposed project

PART 2 – STATEMENT OF NO OTHER POTABLE WATER SOURCES

 (Initials) I certify that the following is true and correct:

- 1) There are no potable water sources available on the property where the cistern will be located;
- 2) Water budget neutrality is not available for the property, or an application for water budget neutrality was submitted and no response was received approving water budget neutrality within 45 days of submitting the application; and
- 3) The water to be transported to the cistern system shall originate only from a community Group A water system.



PART 3 – STATEMENTS OF UNDERSTANDING

(Initials) I understand that approval by Kittitas County only verifies my intent and that it does not guarantee that there is a legal right to waters of the state, or that the pre-existing water source meets state or local requirements for potability and/or quantity for the proposed use. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant, I understand that the purpose of this application has been made with the intention of seeking issuance of a building permit, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, constructed and maintained in accordance with federal, state and local requirements.

(Initials) I understand that adding a 2nd and/or additional residential connections to a cistern system, including accessory dwelling units, or changing the use of the dwelling to a commercial use is strictly prohibited.

(Initials) I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.

Property Owner Signature: Date: _____

*****The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expires within (2) years of issuance. All applicable fees may be non-refundable.*****



PART 4 – NOTARIZED STATEMENT

I, _____ (the undersigned applicant) under penalty of perjury in the State of Washington agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. These covenants and agreements and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof and it shall pass to and be for the benefit of each owner thereof. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County Public Health Department (KCPHD) and that the department may require different and/or additional requirements. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting there from which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant for a building permit, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, and constructed in accordance with federal, state and local requirements. I also wholly understand that approval of this application does not warrant any guarantee of potable water or the legal right to use waters of the state and that I alone assume the calculated risk of developing a potable water supply. I understand that all applicable fees may be non-refundable and that KCPHD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by KCPHD. Should I as the property owner chose to use and appoint an authorized agent to represent my interest, I may do so, by having myself and the authorized agent sign this notarized statement.

Signed: _____
Property Owner(s)

Print Name: _____
Property Owner(s)

I, _____ (the property owner) appoint,
_____ as an authorized agent to represent my interest.

Authorized Agent Signature (if applicable): _____ Print Name: _____
Authorized Agent Authorized Agent

State of Washington)
)ss
County of _____)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _____ day of _____, 20____, personally appeared before me,

- _____ who is personally known to me
- _____ whose identity I proved on the basis of _____
- _____ whose identity I proved on the oath/affirmation of _____, a creditable witness to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

_____ to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

Notary Public in and for the State of Washington,
Residing in: _____
My Commission Expires: _____



OFFICIAL USE ONLY

REVIEW OF APPLICATION:

WATER AVAILABILITY TRACKING #: _____

Project is proposing to utilize a cistern for one dwelling unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the application prepared by a professional engineer who is authorized to practice in the State of Washington?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The proposed project is in the Upper Kittitas County boundary as defined by 173-539A WAC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The proposal includes proof that a Group A community water system agrees and is able to supply water to the proposed project :	<input type="checkbox"/> Yes <input type="checkbox"/> No
The proposal includes proof that the following is filed with the County Auditor: <ul style="list-style-type: none"> • A notice of Alternative Water Supply for the property where the cistern is located • Operations and Maintenance Plans that bear an engineer's seal and signature 	<input type="checkbox"/> Yes <input type="checkbox"/> No
KCPHD approved cistern design and operations plan with engineer's seal and signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The proposed project will collect rainwater as a supplemental source of potable water:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application materials for the proposed project are attached and complete: <ul style="list-style-type: none"> • Attach a current green operating permit from the Washington State Department of Health: • Site map identifying the location of the proposed project 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

WATER QUALITY IMPROVEMENT AND STORAGE:

Based on the information provided in this application:

WATER QUALITY TECHNOLOGY USED AND STORAGE SIZE AVAILABLE: _____

EVALUATION NOTES:

DATE: _____ NOTES: _____
 DATE: _____ NOTES: _____
 DATE: _____ NOTES: _____

FINAL EVALUATION:

REVIEWER: _____ DATE: _____

Based on the information provided in this application and to the best of my knowledge and ability at this time:

- Requirements for adequate water supply determination appear to be complete and satisfactory*[†]
- The request for adequate water supply determination is not complete or unsatisfactory and therefore has been denied*[†]

NOTES: _____

* The Building Official makes the final determination on the issuance of a building permit per RCW 19.27.097.

[†] KCPHD does not make determinations regarding an applicant's legal right to ground water or the validity of WAC 173-539A nor does KCPHD have the authority to perform such actions.

ADEQUATE WATER SUPPLY DETERMINATION FEE (\$200.00)

TOTAL FEE DUE: = \$265.00 + _____ = \$ _____

Receipt #: _____





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