

<p>FOR OFFICIAL USE ONLY: Accepted By: _____ Permit #: _____ Date Processed: _____</p>

FORM
C

ADEQUATE WATER SUPPLY DETERMINATION CISTERN WATER SYSTEMS

Incomplete applications, including applications without the proper documentation, will not be accepted. KCPHD will return incomplete applications 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: <input type="checkbox"/> Construction of a single family residence <input type="checkbox"/> Garage w/plumbing <input type="checkbox"/> ADU <input type="checkbox"/> Other: _____	
DOES THE PARCEL CURRENTLY HAVE A STRUCTURE WITH PLUMBING THAT IS SERVED BY THE PROPOSED CISTERN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><u>CISTERN WATER SYSTEM: Serving one residential dwelling unit</u></p> <p>PROVIDE THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A letter from the water purveyor where: <ul style="list-style-type: none"> <input type="radio"/> The purveyor agrees to supply the minimum amount of water per month _____ <input type="radio"/> The purveyor is capable of supplying water to the cistern because the purveyor has: <input type="checkbox"/> Obtained any necessary approvals from the Washington State Department of Ecology to allow the Group A public water system to provide water to cisterns at the project location. Proof that the following is filed with the County Auditor: <ul style="list-style-type: none"> <input type="radio"/> A notice of Alternative Water Supply for the property where the cistern is located <input type="radio"/> Operations and Maintenance Plans that bear an engineer’s seal and signature <input type="checkbox"/> Approved cistern water system designs that bear an engineer’s seal and signature <input type="checkbox"/> Attach a current green or yellow operating permit from the Washington State Department of Health for the Group A Water System Source <p>Site map identifying the location of the proposed project</p>	

*****The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expires within (1) year of issuance, or the life of the associated active building permit, whichever is later and has no force or affect thereafter All applicable fees may be non-refundable.*****

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 pot ability 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 2 nd 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: _____	

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 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, 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 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 choose 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: TRACKING #: _____

Application materials for the proposed project are attached and complete:

Project is proposing to utilize a cistern for one dwelling unit? Yes No

Is the application prepared by a professional engineer who is authorized to practice in the State of Washington? Yes No

The proposal includes proof that the following is filed with the County Auditor:
• A notice of Alternative Water Supply for the property where the cistern is located Yes No
• Operations and Maintenance Plans that bear an engineer's seal and signature Yes No

KCPHD approved cistern design and operations plan with engineer's seal and signature: Yes No

The proposed project will collect rainwater as a supplemental source of potable water:(Must have supplemental rainwater referenced in the engineers' design and operations plans) Yes No

Application materials for the proposed project are attached and complete:
 Attach a current green or yellow operating permit from the Washington State Department of Health for the group A Water System Source Yes No
 Site map identifying the location of the proposed project Yes 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.

CISTERN ADEQUATE WATER SUPPLY DETERMINATION FEE \$1,380

Total Fee Due: \$ _____ Receipt #: _____