FOR OFFICIAL USE ONLY	
Accepted By:	
Permit #:	
Date Processed:	
Receipt #:	

FORM B

ADEQUATE WATER SUPPLY DETERMINATION
GROUP B PUBLIC WATER SYSTEMS $450

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.

Property Owner Information

Name:	Phone Number:

Mailing Address (City, State, Zip):

Email Address:

Site Information

Parcel:	Project Location:

Name of Public Water System:

Public Water System Number:	Mitigation Certificate #:

Public Water System Use

☐ Addition of potable water to a dry structure	☐ Addition that adds fixtures, if it creates an additional dwelling unit
☐ New building with potable water	☐ Remodel that adds fixture, if it creates an additional dwelling unit

*A dwelling unit is defined as: "A single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation."

Please Describe the Project:

Please provide the following:

- Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests.
- Recorded Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate or other proof of mitigation on title with Kittitas County Auditor.
- Recorded metering agreement on title with Kittitas County Auditor.

Please check one of the following:

☐ The proposed project is considered to be part of an existing connection to the water system and total use for this parcel will not exceed one connection, therefore, it does not constitute an additional allocated connection on the water system. The purveyor will account for the total population on the system with the Washington State Department of Health (DOH) Water Facilities Inventory (WFI) form.

☐ The proposed project is considered a new connection to the water system and a connection is available. The above Public Water System is approved for _____ service connections and currently serves_____ connections. The new connection will be number _____.

Purveyors: Please initial the following statements and sign below

_____I, the purveyor of this water system, hereby certify that a connection necessitating a building permit that has not been previously allocated is available for use and that it is solely my responsibility to maintain an accurate count of connections on the abovementioned water system.

_____I understand that adequate water supply determination approval by Kittitas County Public Health Department only verifies that an adequate potable water supply is physically available at the time of approval and does not guarantee a legal right to groundwater.

Purveyor Signature:	Print Name:	
Date:	Contact Phone #:	Email:

The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expire within (1) issuance, or the life of the associated active building permit, whichever is later and has no force or effect thereafter

ADEQUATE WATER SUPPLY DETERMINATION INSTRUCTIONS
GROUP B WATER SYSTEMS

- For each Adequate Water Supply Determination form, <u>all components</u> must be present at the time of submittal.
- Please follow the checklists below to ensure you meet the application requirements.
- Please allow up to 10 business days for processing & review.

Incomplete applications will not be accepted and will be returned to the applicant.

All applicable fees may be non-refundable.

Please provide the following for FORM B:	
☐	Complete all parts of the application, the water system purveyor (manager) from the water system serving your parcel must sign the application. The name & contact information for the system purveyor can be found at: https://fortress.wa.gov/doh/eh/portal/odw/si/FindWaterSystem.aspx
☐	A current well water quality test which includes a passing bacteriological (within 1 year) and nitrate (within 3 years) result.
☐	Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate, or other proof of mitigation. Determinations can be obtained by contacting the Washington State Department of Ecology at (509)575-2490. Contact the Kittitas County Public Health Department regarding Kittitas County Water Mitigation Certificates.
☐	Recorded proof of mitigation on deed/title with the Kittitas County Auditor.
☐	Recorded proof of Kittitas County metering agreement on deed/title with the Kittitas County Auditor.
☐	8 ½ by 11" site plan following the Unified Site Plan Requirements. The Unified Site Plan Requirements can be found at: https://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential%20submittal%20requirements/Unified%20Site%20Plan.pdf which includes, but is not limited to identification of the location of property lines, wells, roads, driveway, proposed project (home, accessory dwelling unit, garage), easements, septic drainfield and other structures on the property.
☐	Check or cash for applicable fees.

For questions please call the Kittitas County Public Health Department at (509)962-7515

Mail to: Kittitas County Public Health
507 N Nanum Street Suite 102
Ellensburg, WA 98926