



**ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS
GROUP A MUNICIPAL WATER SYSTEMS PER ORDINANCE 2015-010**

Incomplete applications, including applications without the proper documentation, will not be accepted.

PROJECT USE:

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

Please describe project: _____

*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."

LOCATION OF PROJECT:

Site Address _____

Parcel Number _____

Please check one of the following:

NAME OF PUBLIC WATER SYSTEM: _____

The proposed project is considered to be part of an existing connection on the water system and total use for this parcel will not exceed one connection, therefore; does not constitute an additional allocated connection on the water system. Purveyor will account for total population on system with 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 for maintaining 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 physical available at the time of approval and that it does not guarantee there is a legal right to ground waters.

PURVEYOR SIGNATURE: _____ PRINT NAME: _____

DATE: _____ CONTACT PHONE: _____ EMAIL: _____

OFFICIAL USE ONLY

Review of Application:

Application materials for the proposed project are attached and complete:

An operating permit from Washington State Department of Health that is in green or yellow status was provided with verifiable date within 6 months of today's date.

Yes No

Purveyor has certified that the proposed connection for the water system is available for use.

Yes No

RECEIVED BY: _____ DATE: _____