



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

Tracking #: _____
Date Accepted: _____
Accepted By: _____

FORM
A

**ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS
GROUP A PUBLIC 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.

Please provide the following :

- A current operating permit from the Washington State Department of Health that is in green or yellow status.
- Check or cash for applicable fees. Group A Water System: \$180

OWNER OF RECORD: _____

PHONE #: _____

MAILING ADDRESS: _____

PARCEL #: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PROJECT LOCATION: _____

PUBLIC WATER SYSTEM ID NUMBER#: _____

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."

Does the parcel currently have a structure with plumbing? YES NO

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: _____

*****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. All applicable fees may be non-refundable.*****

OFFICIAL USE ONLY

Review of Application:

TRACKING #: _____

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Purveyor has certified that the proposed connection for the water system is available for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

GROUP A WATER SYSTEM ADEQUATE WATER SUPPLY DETERMINATION FEE \$180

Total Fee Due: = _____ Receipt #: _____

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