

H2O # _____
BPT# _____

Receipt# _____ By: _____
Date: _____ Check# _____

CLALLAM COUNTY
Environmental Health Services
Water Availability Verification
\$69.00 (Individual Wells)
\$81.00 (Group A & B Water Systems)

Prior to the issuance of a Building Permit for any building requiring potable water, evidence of an adequate water supply must be provided by the applicant to Clallam County Environmental Health Services. Please complete the appropriate sections of this form to verify water availability for either public or individual water systems. Return it to CLALLAM COUNTY ENVIRONMENTAL HEALTH SERVICES for review, 223 E. 4th St., Suite 14, Port Angeles, WA 98362. If you have any questions, please call the office at (360) 417-2506.

Owner's Name _____ Phone # _____

Agents's Name _____ Phone# _____

Mailing Address _____

City/State/Zip _____

E-mail address: _____

Parcel Number _____

Site Address (if available) or street name: _____

Check type of proposal:

- ___ New Construction of _____
- ___ Replacement of existing residence
- ___ Remodel of existing residence
- ___ Second residence on a parcel
- ___ Land Division
- ___ Other _____

Applicant's (or agent's) Signature

Date

(Continued on other side – OVER>)

PUBLIC WATER SYSTEMS (two or more connections)

This section is to be completed by the Water Purveyor. An attached letter, signed by the Purveyor is also acceptable.

The _____ public water system is capable of and willing to supply water to parcel number _____.
The above public water system is approved for _____ service connections. It is currently serving _____ active connection(s) with _____ connection(s) committed. The water system facilities necessary to adequately provide service to this site have been designed, approved and installed per WAC 246-290.

Purveyor's Name _____ Phone # _____
Mailing Address _____
Signature _____ Date _____
Month/Year water system was approved: _____

INDIVIDUAL WATER SYSTEMS Water Source (check one)

- _____ Individual Well
- _____ Surface Water* (Dept. of Ecology Water Right Required)
- _____ Spring* (Dept. of Ecology Water Right may be required)

Attach the following documents in order to verify the availability (quantity and quality) of water:

- ___ 1. A scaled plot plan, clearly showing water source location;
- ___ 2. A well log; or
A bailer test, air line test or pump test, which was performed for a minimum of one hour, verifying a minimum yield of 800 gallons per day (*this may be indicated on your well log*);
- ___ 3. Satisfactory Bacteriological results; (within 1 year)
- ___ 4. Satisfactory Nitrate results; (within 3 years)
- ___ 5. *If required, a copy of State Dept. of Ecology Water Right;
- ___ 6. Any additional information deemed necessary by the Clallam County Environmental Health Division

*****FOR ENVIRONMENTAL HEALTH USE ONLY*****

*The Clallam County Environmental Health Division has reviewed the available information related to water adequacy.
Based on this information, this office finds that the water available to this parcel meets the guidelines established by the Department of Ecology (1993) for the purpose of implementing the provisions of RCW 19.27.097 and applicable Uniform Plumbing Codes.*

Signature

Date