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Applicant Information:

WATER AVAILABILITY FORM PUBLIC WATER SYSTEM

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

Complete and submit form with original signatures to WCHD

Applicant/Owner(s):		Phone:	
Address:		State:	Zip:
Contact Person:			
Email and/or Alternate Contact:			
I certify that I am the owner or authorized repreto be true and correct. I understand that this a that application for final plat approval and/or b submitted is subject to the Public Records Act Sign: Property Information: Project Type:	approval expires one year after the I puilding permit must be made before t. Print:	PWS Authorized Representa e the expiration date. I unde Date	tive signature date and restand that information
Tax Parcel Number (twelve digit num			
Address of Project:			<u> </u>
Building Permit Number:			Lot:
Briefly describe project (attach site plan			
Certification of Public Water Availabil	lity: to be Completed by the F	'WS Authorized Represe	entative
Group B water systems must have current w	vater tests - bacteriological less that	n one year old and nitrate le	ss than three years old.
Public Water System Name:		DOH	I ID#:
service connections and connecessary water system infrastructure in 246-290 or WAC 246-291. The PWS is project or plat for Direct Connection?YesNo (meter Conditions of Service See attached advisors)	n place to adequately provide so capable of and willing to supp New service(s) and/or er ready, no extension required	service to the above prop ly water to the above pro Existing service (1)	perty per WAC pperty, residence,
I certify that I am an authorized representative signature date. I understand that information s			rear after the PWS
Sign:	Print:	Dat	e:
Title: Address	S:	Phone:	
For Health Department Use Only:			
☐ Approved Date: ☐ Denied By:		pires:	_
Comments or Conditions:		•	J 103 110
Notify Via: Email Phone	Mail		
The subdivision/building permit is located in an area that In compliance with ch 58.17 RCW/RCW 19.27.097 the Control evidence supplied by the Applicant. Other authorities, in resources in the state of Washington. Those authorities in water right appropriation or is subject to curtailment or se of this subdivision/building permit should not be relied upon availability of water to serve the subdivision/building permit Intake	ounty has determined adequate potable wa luding courts of competent jurisdiction and nay determine that the proposed source of asonal restrictions on availability that could on by the Applicant or any successor in inte	ter is available for this subdivision, the Department of Ecology, exercis water for this project identified by the impact its reliability for the intende	building permit on the basis of be jurisdiction over water he Applicant is not a valid duse. The County's issuance

Glacier Springs' water system (#277559) is currently under **Blue Operating Status** as designated by the Washington Department of Health (DoH) and is under a **Boil Water Advisory**. This designation allows us to continue issuing water connection availability and collecting the associated connection fees for properties that have received initial zoning committee approval per the Association's zoning processes: https://glaciersprings.org/building/.

Other permits, including occupancy permits issued at the end of construction, remain at the discretion of Whatcom County and may be affected by the water system's status. Issuance of a water connection and payment of the associated fee is not a guarantee of Whatcom County approval, especially while the Blue Operating Status remains in effect. We recommend that property owners consult with the County to understand any potential impacts on their projects. Updates on the water system's status will be communicated as they become available.

I have the read the above.	
Owner signature	Date