



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 Information:

Applicant/Owner(s): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Email and/or Alternate Contact: _____

I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand that this approval expires one year after the PWS Authorized Representative signature date and that application for final plat approval and/or building permit must be made before the expiration date. I understand that information submitted is subject to the Public Records Act.

Sign: _____ Print: _____ Date: _____

Property Information: Project Type: ☐ Single ☐ Multi-Family ☐ ADU ☐ Commercial ☐ Plat

Tax Parcel Number (twelve digit number): _____

Address of Project: _____

Building Permit Number: _____ Plat Name: _____ Lot: _____

Briefly describe project (attach site plan and additional pages as needed) _____

Certification of Public Water Availability: to be Completed by the PWS Authorized Representative

Group B water systems must have current water tests - bacteriological less than one year old and nitrate less than three years old.

Public Water System Name: _____ DOH ID#: _____

The above Public Water System (PWS) is approved by the WA State Department of Health or the WCHD for _____ service connections and currently serves _____ service connections. The PWS has the necessary water system infrastructure in place to adequately provide service to the above property per WAC 246-290 or WAC 246-291. The PWS is capable of and willing to supply water to the above property, residence, project or plat for ☐ **New** service(s) and/or ☐ **Existing** service(s).

Direct Connection? ☐ Yes ☐ No (meter ready, no extension required)

Conditions of Service See attached advisory.

I certify that I am an authorized representative of the above PWS. I understand this certification expires one year after the PWS signature date. I understand that information submitted is subject to the Public Records Act 42.56.

Sign: _____ Print: _____ Date: _____

Title: _____ Address: _____ Phone: _____

For Health Department Use Only:

☐ Approved Date: _____ Approval Expires: _____

☐ Denied

By: _____ Well Constructed After January 2018: ☐ Yes ☐ No

Comments or Conditions: _____

Notify Via: ☐ Email ☐ Phone ☐ Mail _____

The subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with ch 58.17 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.

Intake _____
Entry _____
Notify _____

Water Use Questionnaire
Residential Customers

Customer Name: _____

Service Address: _____

Phone: _____ Email Address: _____

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises
		Dialysis equipment
		Underground sprinkler or drip irrigation system
		Outside Spigot or frost-free hydrant without a Vacuum Breaker
		Water treatment system (e.g., water softener)
		Solar, Boiler, Radiant Floor, or Geothermal heating system
		Residential fire sprinkler system
		Other water supply (e.g., well, rain catchment, etc.) (connected or not connected to plumbing system)
		Sewage pumping facilities or grey water system (excluding county approved residential septic systems)
		Hobby farm
		Animal watering troughs
		Swimming pool or spa
		Water storage tank
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Booster Pump (pump to increase water pressure)
		Building, equipment, or faucet 20' above elevation of the service connection
		Other (Please Describe):
		Home-based business. If Yes, list type/describe (e.g., beauty salon, cabinet shop, etc.):

Completed by (print name): _____ Date: _____

Resident Signature: _____

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