



507 N. Nanum Street, Suite 102  
 Ellensburg, WA 98926  
 T: 509.962.7515 F: 509.962.7581  
 www.co.kittitas.wa.us/health/

<b>FOR OFFICIAL USE ONLY:</b> Accepted By: _____ Tracking #: _____ Date Processed: _____ Receipt #: _____
---

## ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS

<b>FORM</b>  <b>A</b>
-----------------------------

### 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: \$255**

Owner of Record: _____	Phone #: _____
Mailing Address: _____	Parcel #: _____
City, State, Zip: _____	E-mail: _____
Project Location: _____	Public Water System Number: _____

**Name of Public Water System:** \_\_\_\_\_

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

**Please check one of the following:**

- 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 #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*\*\*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\*\*\***

**OFFICIAL USE ONLY**

Review of Application:

Tracking #: \_\_\_\_\_

Application materials for the proposed project are attached and complete:

Yes  No

An operating permit from Washington State Department of Health that is in green or yellow status was provided.

Yes  No

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

Yes  No

**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\*<sup>†</sup>

The request for adequate water supply determination is not complete or unsatisfactory and therefore has been denied\*<sup>†</sup>

**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 \$255**

Total Fee Due: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_