

H2O # \_\_\_\_\_  
BPT# \_\_\_\_\_

Receipt# \_\_\_\_\_ By: \_\_\_\_\_  
Date: \_\_\_\_\_ Check# \_\_\_\_\_

**CLALLAM COUNTY**  
**Environmental Health Services**  
**Water Availability Verification Form**  
**\$60.00 (Individual Wells)**  
**\$70.00 (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. 4<sup>th</sup> St., Suite 14, Port Angeles, WA 98362. If you have any questions, please call the office at (360) 417-2506.

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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 (Preliminary Decision Conditions must be met. Attach COPY)
- \_\_\_ 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;
- \_\_\_\_\_ 4. Satisfactory Nitrate results; and
- \_\_\_\_\_ 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 for parcel number \_\_\_\_\_. 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