



ADAMS COUNTY HEALTH DEPARTMENT

425 E MAIN STE 700, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031
108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315

WATER AVAILABILITY REVIEW

****Please fill out this form in full and submit all requested information, failure to do so will delay building permits. If you are not applying for a building permit, do not submit this form.***

Name of Applicant: _____ Phone #: _____
Mailing Address City, State, Zip Code: _____
Location Address, City, State, Zip Code: _____
Subdivision: _____ Div.: _____ Blk.: _____ Lot : _____
Tax Parcel #: _____ Sect: _____ Twn: _____ Rnge: _____

1) _____ Public Water System (Group A or Group B)

Submit the following information (to be completed by the water system purveyor):P

- a) Name of system: _____ State ID # : _____
- b) Number of approved connections: _____ Number of existing connections: _____
- c) Is water available for this building application on this parcel of land? Yes No

d) _____
Signature of purveyor _____ Date _____

2) _____ Private Water System

*Please submit the following information **with** your application. "X" if included "NA" if not applicable:*

- a) _____ Include a copy of your well log. If no log is available, a pumping test may be required.
- b) _____ Include a certified water lab report for: coliform (<1year old) and nitrate (<3 years old) samples
- c) _____ Wells serving a commercial property or more than two properties must complete a Group A or Group B Workbook.
- d) _____ If "Same Farm Exempt", submit a copy of the filed "Same Farm Affidavit"

My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health Department to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health Department may be appealed, provided the appeal is made in writing and delivered to the Health Department within 10 days of the decision. I also understand that the Health Department evaluation of the water supply is limited to a review of the documents and tests I provide. It is my responsibility under RCW 19.27.097 to certify my water source to the building official. I also understand this is not a review of legal availability under RCW 90.44.050. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs.

APPLICANTS SIGNATURE: _____

DATE: _____

*****FOR OFFICE USE ONLY*****

Approved/Denied (circle) By: _____ Date _____

Fee _____ Date _____ Initial: _____ Receipt # _____ Date Bldg. Dept. Notified _____