



WHATCOM COUNTY HEALTH DEPARTMENT
DENIAL FROM PUBLIC WATER SYSTEM

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

If public water is available for your Land Use Application, please complete the Water Availability Notification Form for Public Water. Forms are available at our office.

SECTION ONE - APPLICABILITY:

Complete this form if you are applying for a Land Use Application and there is an existing public water system that may be able to serve your project.

SECTION TWO - INSTRUCTIONS:

After you have completed Section Three, take this form to the water system manager or authorized representative so they can complete Section Four. Then return this form to Whatcom County Health Department for review.

SECTION THREE - APPLICATION:

Completed by Land Use applicant:

Applicant's Name \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Project Name \_\_\_\_\_ Project Number \_\_\_\_\_

Project Type (check one): [ ] Single Family Residence [ ] ADU [ ] Commercial [ ] Plat

Tax Parcel Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ or \_\_\_\_\_

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SECTION FOUR - CERTIFICATION:

Completed by water system manager or representative.

Water System Name \_\_\_\_\_ State ID# \_\_\_\_\_ This water system is unable or unwilling to supply water to the above listed land use application.

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

SECTION FIVE - REVIEW:

Completed by Whatcom County Health Department.

Date received \_\_\_\_\_

[ ] Accepted

[ ] Rejected

Reason \_\_\_\_\_

Date \_\_\_\_\_

Whatcom County Health Department