



**WHATCOM COUNTY  
HEALTH DEPARTMENT**  
509 Girard Street  
Bellingham, WA 98225  
Phone 676-6724

# AVAILABILITY NOTIFICATION FOR PUBLIC WATER

## SECTION ONE – APPLICABILITY:

Health Department approval of this form is NOT required if your building project:

- ❖ Does not include plumbing for potable water, or;
- ❖ Is a residential remodel or addition that does not add additional bedrooms or result in an increase of floor space of more than 50%, or;
- ❖ Whatcom County Planning & Development Services determines that the building will replace a demolished or removed building and the building will not have more bedrooms or more than 50% greater floor space than the previous building.

## SECTION TWO – INSTRUCTIONS:

Please take this form to your water system manager or authorized representative for completion of Section Four below. You must complete Section Three. Return this form to the Whatcom County Health Department for review of water system status. The Whatcom County Health Department will not approve new building connections on public water systems that are substantially out of compliance with State laws. After the Health Department has approved this form, submit it to Planning & Development Services with your building plans. *Please allow at least 1 week for the approval process.*

## SECTION THREE – APPLICATION:

Building Permit or Plat Applicant's Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Project Type:  Single Family Residence  Commercial  Plat **Tax Parcel No.** \_\_\_\_\_

## SECTION FOUR – CERTIFICATION:

Name of Subdivision \_\_\_\_\_ Div \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Water System Name \_\_\_\_\_ State ID # \_\_\_\_\_, Water Right Permit or Certificate # \_\_\_\_\_. This water system is capable of and will supply water to the residence, project or plat for  **New**  **Existing** connection(s) located at \_\_\_\_\_. The above Public Water System is approved by the State Department of Health or the Whatcom County Health Department for \_\_\_\_\_ service connections and currently serves \_\_\_\_\_ connections. The water system facilities necessary to adequately provide service to this site have been designed, approved and installed per WAC 246-290 or WAC 246-291. The final plat approval or building permit must be applied for within one year of the purveyors' signature date, which is when this Water Availability Notification Form expires.

Can your system provide fire flow to this property?  Yes  No Is fire flow available within 400 feet?  Yes  No

Certified by: (Signature and Title) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

## SECTION FIVE – APPROVAL:

**Approved**

**Denied** Date \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Mail to:** \_\_\_\_\_

by: \_\_\_\_\_

Whatcom County Environmental Health

**Call when ready:** \_\_\_\_\_