



GRANT COUNTY HEALTH DISTRICT

1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960

www.granthealth.org

### WATER AVAILABILITY REVIEW APPLICATION

*\*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 # \_\_\_\_\_ Section \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_

### WATER SYSTEM TYPE: (check one and complete, see attached algorithm to help determine system type)

#### 1) \_\_\_\_\_ Public Water System (Group A or Group B)

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

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 more than one property must have legal control of well, such as a **water user's agreement** between the parties, and appropriate easements. Submit applicable recorded document copies.

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 District 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 District may be appealed, provided the appeal is made in writing and delivered to the Health District within 10 days of the decision. I also understand that the evaluation of the Health District 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 may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.*

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*  
Approved/Denied (circle) By: \_\_\_\_\_ Date \_\_\_\_\_

Fee \_\_\_\_\_ Date \_\_\_\_\_ Initial: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Bldg. Dept. Notified \_\_\_\_\_

Determining if a water system is a private or a public water system

