

 <p>GRAYS HARBOR COUNTY 1854</p>	<p>GRAYS HARBOR COUNTY DEPARTMENT OF PUBLIC SERVICES ENVIRONMENTAL HEALTH DIVISION</p>	<p>100 W Broadway Suite 31 Montesano, WA 98563 360-249-4222 360-249-3203 fax</p>
--	--	--

**WATER AVAILABILITY VERIFICATION PERMIT\***  
**PUBLIC WATER SYSTEMS**

*Exempt Group-B (1 or 2 non-residential connections with < 25 transient users/day) see reverse*

**\*Only permit applications with original signature by purveyor will be accepted (no fax copies)**

**\$100.00 Review**

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 the Grays Harbor County Planning and Building Division. Please complete to verify water availability for a public water system.

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Parcel # \_\_\_\_\_ Site Address \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE WATER PURVEYOR (CHECK ONE BOX ONLY)**

- The \_\_\_\_\_ Public Water System is capable of and willing to supply water to the above referenced parcel number for \_\_\_\_\_ connections. The above public water system is approved for \_\_\_\_\_ service connections. It is currently serving \_\_\_\_\_ connections. The water system facilities necessary to adequately provide service to this site have been designed, approved and installed per Washington Administrative Code (WAC) 246-290.
- The \_\_\_\_\_ Public Water System is not currently capable of supplying water to above referenced parcel number for \_\_\_\_\_ connection(s), nor do we anticipate any change in status of this determination within 120 calendar days from the signature date below.

Water Purveyor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed for additional comments, please attach additional pages.)

Purveyor Name \_\_\_\_\_ I.D.# \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENVIRONMENTAL HEALTH DIVISION USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

Sewage Permit # \_\_\_\_\_ Building Permit # \_\_\_\_\_ Water Availability Permit # \_\_\_\_\_