

December 2016

WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT 509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

| Property Owner(s): James and Sheri Pounder | Applicant Information: | |
|--|---|---|
| Address: 5825 Crystal Springs Lane | Property Owner(s): James and Sheri Pounder | Phone: (360) 393-5562 |
| Contact Person: Jaime White, Whatcom Land Use Consulting, LLC Phone: 360) 961-2489 Email and/or Alternate Contact: whatcomconsult@comcast.net I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: Print: Jaime White Date: 7/30/2018 Property Information: Tax Parcel Number (12 digit number): 3 9 0 3 1 9 4 7 6 1 1 5 Project Type (check one): Signile Multi-Family Address of Project: Murray Road Building Permit Number: Plat Name: Lot: Certification of DENIAL of Public Water: This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: Parc Cast Material Actions is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. *** **Denial Conditions** Supply water to the above PWS. I understand that information submitted is subject Cast Material Actions and without and authorized representative of the above PWS. I understand that information submitted is subject Cast Material Actions and without and authorized representative of the above PWS. I understand that information submitted is subject Cast Material Actions and Material Address: Policy Science Science Conditions and Material Address: Policy Science Cast Material Conditions and Material Address: Policy Science Cast Material Cast | Address: 5825 Crystal Springs Lane City: Bell | |
| Certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: | Contact Person: Jaime White, Whatcom Land Use Consulting, | LLC Phone: (360)-961-2489 |
| know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: Print: Jaime White Date: 7/30/2018 Property Information: Tax Parcel Number (12 digit number): 3 9 0 3 1 9 4 7 6 1 1 5 Project Type (check one): Ø Single Multi-Family Ø ADU Commercial Plat Address of Project: Murray Road Building Permit Number: Plat Name: Lot: Certification of DENIAL of Public Water: This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: Dear Cack Water Action: DOH ID#: BABE This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. **Denial Ond Final System Value of the above PWS. I understand that information submitted is subject to the Public Records Act RCM 43-56. Sign: Print: Daylor Water Value of Cooper System Cooper System Value of Cooper Value of | Email and/or Alternate Contact: whatcomconsult@comcast.net | |
| Tax Parcel Number (12 digit number): 3 9 0 3 1 9 4 7 6 1 1 5 Project Type (check one): Ø Single Multi-Family ØADU Commercial Plat Address of Project: Murray Road Building Permit Number: Plat Name: Lot: Certification of DENIAL of Public Water: Lot: This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: Den Cycle Victor Heado. DOH ID#: B4 B E This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. Lot: | know the same to be true and correct. I understand this form expire authorized representative signature and that information submitted | s three years from the date of water system is subject to the Public Records Act RCW 42.56. |
| Project Type (check one): Single | Property Information: | |
| Building Permit Number: | Project Type (check one): ☑ Single ☐ Multi-Family ☑ADU | 9 4 7 6 1 1 5 Commercial □ Plat |
| This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: Der Creek Water Agent. DOH ID#: BABE This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. **Denia Concitions With terms and Vector of a flacked Agreement of the above PWS. I understand that information submitted is subject to the Public Records act RCW 42-56. Sign: Print: Daylor With Aller Date: 30 Mg/lb For Health Department Use Only: Received Date: Expires: | Ruilding Demit Number: Plat Name: | Lot: |
| This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. **Denial Conditions Will Leving and Vicent of Actually Agreement of the above PWS. I understand that information submitted is subject to the Public Records Act RCW 42-56. Sign: Manager Address: Po Box 380-30 Phone: 360 For Health Department Use Only: Received Date: Expires: | This Section to be Completed by the Public Water | Λ |
| This form expires three years from the date of water system authorized representative signature. # Denial Conditions with terms and vecept et attached Agreement is certify that vam an authorized representative of the above PWS. I understand that information submitted is subject to the Public Records Act RCW 42-56. Sign: | Public Water System Name: | d parcel for the noted land use application |
| Title: Business Manage Address: PD Box 38630 Phone: 360 For Health Department Use Only: Received Date: Expires: Expires: | This form expires three years from the date of water system au *Denia Conditions USON Leving and I certify that I an authorized representative of the above PWS. I wanted the showledge of the showledge of the showledge of the showledge of the showledge. | thorized representative cignature. |
| □ Received Date: By: | Title: Busineds Manager Address: PO Box 380 | |
| By: | to realist population out only. | |
| | ☐ Received Date: | Expires: |
| Comments or Conditions: | | |
| | Comments or Conditions: | |



WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

| Applicant Information: |
|---|
| Property Owner(s): OWB REO, LLC Phone: Address: 2900 Esperanza Xing City: Austin State: TX Zip: 78758 Contact Person: Bill Larkins Phone: (503) 222-4424 Email and/or Alternate Contact: wlarkins@lvklaw.com |
| I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: William L. Larkins, Jr. Date: 63.06.2018 Property Information: |
| Tax Parcel Number (12 digit number): 3 9 0 2 2 5 4 2 5 3 0 5 Project Type (check one): □ Single □ Multi-Family □ADU □ Commercial ☑ Plat Address of Project: 5541 Guide Meridian Building Permit Number: □ Plat Name: Guide Meridian Comm. Shc Lot: A |
| This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: Der Creek Water Association OH ID#: 18418 E This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. ** SUBTECT TO CONDITION - SEE ATTACHED EXHIBIT A I certify that Tam an authorized representative of the above PWS. I understand that information submitted is subject to the Public Records Act RCW 42.56. Sign: Print: Douglas Whitinger Date: OA MINISTER DESCRIPTION OF THE BORNES Manager Address: PO-Box 30230 Phone: 360.8312 Bellingham, WH 980200 For Health Department Use Only: |
| For Health Department Use Only: Received Date: By: Comments or Conditions: |
| |

EXHIBIT A

Existing home on proposed LOT "A" is presently served by a private well. Deer Creek will not require existing home to connect to Deer Creek's system until the private well encounters difficulties including water quality and/or water quantity issues.



December 2016

WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000

Fax: 360-778-6001

| Applicant Information: |
|--|
| Property Owner(s): Darren and Tenniter Potran Phone: 360-920-6244 Address: 3729 Lemon Grove Dr City: Bellingham State: WHZip: 98226 Contact Person: Darren Potran Phone: Email and/or Alternate Contact: Larren Potran & Gmail. Com |
| I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: Print: Property Information: |
| Tax Parcel Number (12 digit number): 390330329516 Project Type (check one): Single Multi-Family DADU Commercial Delat Address of Project: 5684 Silverado Delat Building Permit Number: Plat Name: Silverado East Lot: 1 |
| Certification of DENIAL of Public Water: |
| This Section to be Completed by the Public Water System Authorized Representative Public Water System Name: |
| I certify that I am an authorized representative of the above PWS. I understand that information submitted is subject to the Public Records Act RCW 42.56. ** Denial Conditioned upon terms of attached Agreement Sign: ** Activities Print: ** Developed Wittinger** Date: ** Detection of attached Agreement Sign: ** Activities Print: ** Developed Wittinger** Date: ** Detection of attached Agreement Print: ** Developed Wittinger** Date: ** Developed Wittinger** Date: ** Developed Wittinger*** Developed Wittin |
| ☐ Received Date: Expires: |
| By: Comments or Conditions: |



December 2016

WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

| Applicant illionnason. |
|--|
| Property Owner(s): Grove Lawrence P. Schicker Phone: 360-398 9196 Address: 5780 Salvicker LV City: Falling and States UA Zip: 9806. Contact Person: Lawrence Phone: Phone: Email and/or Alternate Contact: Salvay groves. Lawrence Contact. |
| Contact Person. Francis College Colleg |
| Email and/or Alternate Contact S ADA y & TO US 18 NO EME (1995) |
| I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: Action Print: Ground Lawrence Date: Handle |
| Property Information: |
| Tax Parcel Number (12 digit number): 3 9 0 3 9 2 2 8 0 3 5 Project Type (check one): 0 Single O'Multi-Family DADU Commercial Plat Address of Project: 5 7 8 5 5 1 C |
| Certification of DENIAL of Public Water: |
| Public Water System Name: Dee Creek Water System Authorized Representative Public Water System Name: Dee Creek Water Acoc. DOH ID#: BABE This PWS is currently unable to supply water to the above listed parcel for the noted land use application. This form expires three years from the date of water system authorized representative signature. I certify that I am an authorized representative of the above PWS. I understand that information submitted is subject to the Public Reports Act RCW 48.56. Sign: Print: Danger With Margar Address: Policy 30.00. 431 For Health Department Use Only: |
| Received Date: Expires: |
| Received Date: |
| By: Comments or Conditions: |



WATER AVAILABILITY FORM **PUBLIC WATER SYSTEM** *DENIAL*

WHATCOM COUNTY HEALTH DEPARTMENT 509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000

Fax: 360-778-6001

| Applicant Information: | | | |
|---|--|---|----------------------------------|
| Property Owner(s): Dan & Therese Williams | | Phone: 360-3 | |
| Address: PO Box 2553 | _ City: <u>Ferndale</u> | _ State: WA | |
| Contact Person: Dan Williams | | Phone: 360-2 | 220-4458 |
| Email and/or Alternate Contact: | | | |
| I certify that I am the owner or authorized representative know the same to be true and correct. I understand this authorized representative signature and that information: Sign: Print: Property Information: | form expires three years from submitted is subject to the | om the date of w e Public Records | rater system s Act RCW 42.56. |
| | | | _ |
| Tax Parcel Number (12 digit number): 3 9 0 | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | 6 1 7 | 3 |
| Project Type (check one): Single Multi-Fam | ily DADO Commen | Jiai U Fiat | å. |
| Address of Project: Howell Rd Building Permit Number: SFR2016-00195 | Plat Name: Donnie's Sho | ort Plat | Lot: 2 |
| Building Permit Number. Criticals de les | Tracreamo. | | |
| Certification of DENIAL of Public Water: | | | |
| This Section to be Completed by the Pu Public Water System Name: Dev Cred This PWS is currently unable to supply water to the This form expires three years from the date of water I certify that I am an authorized representative of the ab- to the Public Records Act RFW 2-16. | e above listed parcel for the system authorized representations. | DOH ID#: e noted land usesentative signa | Se application. |
| Nough to tettingel | Daglas WHEN 30830 Jham, WA 90228 | 1 <u>990</u> Date: _/Phone <u>:</u> 3/3/ | ZDune 16 D. 18780. 4314 |
| | | Evnires: | |
| ☐ Received Date: | | Expires. | |
| By: | | | |
| Comments or Conditions: | | | |
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WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

| Applicant Information: |
|---|
| Property Owner(s): Laurel Boys Address: 250 W Axton City: B'hrm State: WA-Zip: 98726 Contact Person: SAME Email and/or Alternate Contact: JWLSWENSE G 9Mail Com |
| I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56. Sign: Print: Print: Property Information: |
| Tax Parcel Number (12 digit number): 3 9 0 2 24 3 28 0 7 9 Project Type (check one): Single Multi-Family ADU Commercial Plat Address of Project: Plat Name: Lot: |
| |
| Public Water System Name: Deer Creek Water Advance Done Deer Creek Water Advance Done Done Done |
| |
| By: Comments or Conditions: |



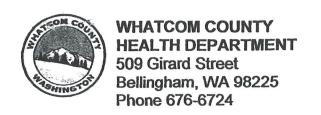
Applicant Information:

WATER AVAILABILITY FORM PUBLIC WATER SYSTEM *D E N I A L*

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

| Property Owner(s): 610116 Reyna 6:11 Pho Address: P.U. Box 1054 City: 44ndom St Contact Person: 610116 Pho Email and/or Alternate Contact: 910116 9116 And 54000 | ne: 360-815-6893 ate: Wit zip: 98264 one; 360-815-6893 aud (om |
|--|--|
| certify that I am the owner or authorized representative of the below noted property. I snow the same to be true and correct. I understand this form expires three years from the outhorized representative signature and that information submitted is subject to the Pul Sign: | blic Records Act RCW 42.56. |
| Property Information: | |
| Tax Parcel Number (12 digit number): 380306 1211 Project Type (check one): Single □ Multi-Family □ ADU □ Commercial Address of Project: 210 € Hot ton Bellinghem Building Permit Number: □ Plat Name: | 10 K 10000 |
| Certification of DENIAL of Public Water: | |
| This Section to be Completed by the Public Water System Authorit | |
| Public Water System Name: Deer Greek Water Assoc Den This PWS is currently unable to supply water to the above listed parcel for the name of the name of the parcel for the name of the parcel for the name of the name of the parcel for the name of the | oted land use application. |
| certify that Jam an authorized representative of the above PWS. I understand that in | formation submitted is subject |
| Sign:WAW WIWAY Print:Print:Print: | 1 <u>987</u> bate: <u>01 Avg 16</u> erlone: <u>360 - 880 , 43</u> 14 3 |
| For Health Department Use Only: | |
| ☐ Received Date: | xpires: |
| By: Comments or Conditions: | |
| May 2016 | * |
| CE CITE ST FEE EC | contact Person: Glorica gloria gill Color Stontact Person: Glorica gloria gill Color Stontact Person: Glorica gloria gill Color Storm all and/or Alternate Contact: gloria gill Color Storm all and/or Alternate Contact: gloria gill Color Storm storm that or the same to be true and correct. I understand this form expires three years from the attrovized representative signature and that information submitted is subject to the Pulific Gloria Reyna Gill Grant Person Gill Gloria Reyna Gill Grant Person Gill Gloria Reyna Gill Gloria Reyna Gill Grant Person Gill Gloria Reyna Gill Gloria Rey |



expires:

PUBLIC WATER **DENIAL**

SECTION ONE - APPLICABILITY:

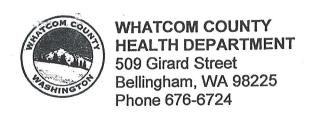
This form is for NEW Land Use Applications where the project is located within the service area boundary of public water system or the within ½ mile of an existing public water system. Applicant must first attempt to obtain water service from an existing public water system.

Complete this form if the public water system is unable to serve the project.

SECTION TWO - INSTRUCTIONS:

Complete Section Three and take this form to the water system manager or authorized representative to complete Section Four. Return this completed **original** form to the Whatcom County Health Department for review (copies will not be accepted).

| (copies amost a section) | |
|---|---|
| SECTION THREE - APPLICATION: | |
| Building Permit or Plat Applicant's Name Gumothy & Geraldure L. Sumatt Current Mailing Address 2942 Mt. Baker Husy City Bellingham State WA Zip 18226 Phone 360-671-0718 | |
| Current Mailing Address 2942 Mt. Baker Husy | |
| City Bellingham State WA Zip 18226 Phone 360-671-0718 | otala lakulurr |
| Project Type: Single Family Residence ADU Commercial Plat | |
| Tax Parcel # 390327499 178 0000 Building Permit # | |
| | |
| SECTION FOUR - CERTIFICATION: | |
| To be completed by the water system manager or authorized representative | |
| Public Water System NameDeer Creek Water Association State ID#_ <u>184 84</u> | _ |
| This public water system is currently unable to supply water for the above listed land use application. This form expires two years from the date of water system representative signature. | |
| Signature Meuclas Inthunger Date 150h 16 | |
| Print Name and Title Dovalas Wiffings | Manufacturing of the Control of the |
| Signature | |
| SECTION FIVE = REVIEW: | |
| SECHORIENE - REVIEU. | |
| ☐ Received Date Comments: | |
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| py: | |
| Whatcom County Environmental Health | |
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expires:

PUBLIC WATER **DENIAL**

SECTION ONE - APPLICABILITY

This form is for NEW Land Use Applications where the project is located within the service area boundary of public water system or the within ½ mile of an existing public water system. Applicant must first attempt to obtain water service from an existing public water system.

Complete this form if the public water system is unable to serve the project.

SECTION TWO - INSTRUCTIONS

Complete Section Three and take this form to the water system manager or authorized representative to complete Section Four. Return this completed **original** form to the Whatcom County Health Department for review (copies will not be accepted).

| review (copies will not be accepted). |
|---|
| SECTION THREE APPLICATION |
| Building Permit or Plat Applicant's Name <u>Sulles no lowell</u> |
| Current Mailing Address 960 W. Smith Rd. |
| City <u>Bellingham</u> State <u>WA.</u> Zip <u>98226</u> Phone <u>360-739-7746</u> |
| Project Type: Single Family Residence ADU Commercial Plat |
| Tax Parcel # 3902275001050000 Building Permit # |
| * adding an ADU to an existing property with a str. |
| SECTION FOUR = CERTIFICATION |
| To be completed by the water system manager or authorized representative |
| Public Water System Name Deer Creek Water Association State ID# 18418E |
| This public water system is currently unable to supply water for the above listed land use application. This form expires two years from the date of water system representative signature. |
| Signature Nouslas Willings Date 07 March 16 |
| Print Name and Title |
| Signature Nouslas Willinger Bosiness Manager Address PO Box 30230 Balling Warn, WH 98226 Phone 260.630.4314 |
| SECTION FIVE - REVIEW |
| □ Received Date Comments: |
| |
| by: |
| Whatcom County Environmental Health |



PUBLIC WATER

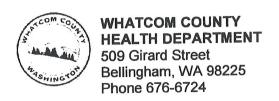
SITE ADDRESS: 5484 WASCHKE Rd Belling hum WA

SECTION ONE - APPLICABILITY:

This form is for NEW Land Use Applications where the project is located within the service area boundary of a public water system or the within ½ mile of an existing public water system. Applicant must first attempt to obtain water service from an existing public water system.

| obtain water service from an existing public water system. |
|---|
| Complete this form if the public water system is unable to serve the project. |
| SECTION TWO - INSTRUCTIONS: |
| Complete Section Three and take this form to the water system manager or authorized representative to complete Section Four. Return this completed original form to the Whatcom County Health Department for review (copies will not be accepted). |
| SECTION THREE - APPLICATION: |
| Building Permit or Plat Applicant's Name CHUS DETSY |
| Annual Marketine Address HTD Courses D. |
| City Belling hate State WA Zip 98226 Phone 360. 661. 6622 |
| Project Type: Single Family Residence C ADU Commercial Plat |
| Tax Parcel #390226074258 Building Permit # |
| Tax Parcel #390226074258 Construction of one (1) SFR ONA 10 Acre Parcel SECTION SECTION: |
| To be completed by the water system manager or authorized representative |
| Public Water System Name Deer Creek Water Association State ID# 18418 E Denia conditioned upon terms of attached Agræment. This public water system is currently unable to supply water for the above listed land use application. This form expires two years from the date of water system representative signature. |
| haden tittingel |
| Briance Manager |
| Address P.O. Box 30230 Ballingham 98220 Phone 360. 4314 |
| SECTION FIVE - REVIEW: |
| Received Date Comments: |
| by: |
| Whatcom County Environmental Health |

Nothing in this approval shall be construed as satisfying other applicable federal, state, or local statutes, ordinances or regulations.



PUBLIC WATER **DENIAL**

SECTION ONE - APPLICABILITY:

This form is for NEW Land Use Applications where the project is located within the service area boundary of a public water system or the within ½ mile of an existing public water system. Applicant must first attempt to obtain water service from an existing public water system.

Complete this form if the public water system is unable to serve the project.

SECTION TWO - INSTRUCTIONS:

Complete Section Three and take this form to the water system manager or authorized representative to complete Section Four. Return this completed **original** form to the Whatcom County Health Department for review (copies will not be accepted).

SECTION THREE - APPLICATION: Building Permit or Plat Applicant's Name BRADEN G. MILLER Current Mailing Address 817 W PARK OR City LYNDEN State WA Zip 98264 Phone (425) 830 - 0449 Project Type: ⊠ Single Family Residence □ ADU □ Commercial □ Plat Tax Parcel # 39032923 1 3660000 Building Permit # N/A **SECTION FOUR - CERTIFICATION:** To be completed by the water system manager or authorized representative Hesociation State ID# 18418E Public Water System Name This public water system is currently unable to supply water for the above listed land use application. This form expires two years from the date of water system representative signature. Signature __ Print Name and Title SECTION FIVE - REVIEW: Comments: Received Date Whatcom County Environmental Health expires:



Whatcom County Health Department

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 Luke McGee Applicant's Phone 360-201-5693 |
| Project Name Kelly Ridge Cluster Short Plat Project Number 12017 |
| Project Type (check one): Single Family Residence ADU Commercial X Plat |
| Tax Parcel Number 390334430035 0000 |
| Contact Name Luke McGee Contact Phone 360-201-S693or |
| Contact Address 1634 Kelly Rd City Bellingham State WA Zip 98226 |
| |
| SECTION FOUR - CERTIFICATION: |
| Completed by water system manager or representative. |
| Water System Name Deer Creek Water Association State ID# 18418 E This water |
| system is unable or unwilling to supply water to the above listed land use application. |
| * subject property in greater than 2,000 feet from our nearest water main. |
| Signature and Title Nouglas (VIIII) Business Manager Date Sep 13, 2013 |
| Address PO Box 30230 Bellingham, WH 98228 Phone 360.820.4314 |
| |
| SECTION FIVE - REVIEW: |
| Completed by Whatcom County Health Department. |
| Date received |
| □ Accepted |
| Rejected |
| Reason |
| Date |