



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

Applicability:

This form is for new land use applications where the project parcel is located within the service area boundary of a public water system (PWS) or within 1/2 mile of an existing PWS. According to Whatcom County Code 24.11 and the Coordinated Water System Plan, the applicant must first attempt to obtain water service from an existing PWS. If a PWS is unable to provide water service, complete and submit this form with original signatures (copies are not accepted) to WCHD with your Water Availability Form application.

Applicant Information:

Property Owner(s): Phone:
Address: City: State: Zip:
Contact Person: Phone:
Email and/or Alternate Contact:

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: Date:

Property Information:

Tax Parcel Number (12 digit number):
Project Type (check one): Single Multi-Family ADU Commercial Plat
Address of Project:
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: DOH ID#:
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.

- Reason for denial:
Conditions of denial if applicable:

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.

Sign: Print: Date:
Title: Address: Phone:

For Health Department Use Only:

Received Date: Expires:

By:
Comments or Conditions: