



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 the within 1/4 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): James and Sheri Pounder Phone: (360) 393-5562
Address: 5825 Crystal Springs Lane City: Bellingham State: WA Zip: 98226
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: [Signature] 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): [X] Single [] Multi-Family [X] 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: Deer Creek Water Assoc. DOH ID#: 1B418E

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 conditioned upon terms and receipt of attached Agreement & Easement.
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: [Signature] Print: Douglas Wittinger Date: 30 Aug 18
Title: Business Manager Address: PO Box 38230 Bellingham, WA 98220 Phone: 360 820.4314

For Health Department Use Only:

[] Received Date: Expires:

By:

Comments or Conditions:



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Applicability:

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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@lvkllaw.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 Larkins, Jr. Print: William L. Larkins, Jr. Date: 03.06.2018

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

Certification of DENIAL of Public Water:

This Section to be Completed by the Public Water System Authorized Representative

Public Water System Name: Deer Creek Water Association OH ID#: 18418E

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.

* SUBJECT TO CONDITION - SEE ATTACHED EXHIBIT A

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: Douglas Wittinger Print: Douglas Wittinger Date: 04 Jun 18
Title: Business Manager Address: P.O. Box 30830 Phone: 360.820.4314
Bellingham, WA 98220

For Health Department Use Only:

Received Date: Expires:

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.



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Applicability:

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Applicant Information:

Property Owner(s): Darren and Tennitar Poberan Phone: 360-920-6244
Address: 3729 Lemon Grove Dr City: Bellingham State: WA Zip: 98226
Contact Person: Darren Poberan Phone:
Email and/or Alternate Contact: darrenpoberan@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: [Signature] Print: Darren Poberan Date: 2/28/17

Property Information:

Tax Parcel Number (12 digit number): 390330 329516
Project Type (check one): [X] Single [] Multi-Family [] ADU [] Commercial [] Plat
Address of Project: 5684 Silverado Drive
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: Deer Creek Water Assoc. DOH ID#: 18A18E
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 Records Act RCW 42.56.

*Denial conditioned upon terms of attached Agreement
Sign: Douglas Wittinger Print: Douglas Wittinger Date: 28 Feb 17
Title: Business Manager Address: P.O. Box 30230 Bellingham, WA 98228 Phone: 360-820-4311

For Health Department Use Only:

[] Received Date: Expires:

By:
Comments or Conditions:



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Applicant Information:

Property Owner(s): George Lawrence B. Schickler Phone: 360-398-9776
Address: 5780 Schickler Ln City: Bellingham State: WA Zip: 98226
Contact Person: Lawrence Phone:
Email and/or Alternate Contact: sandy.george.lawrence@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: [Signature] Print: George Lawrence Date: 4/5/2016

Property Information:

Tax Parcel Number (12 digit number): 390319 228035
Project Type (check one): [X] Single [X] Multi-Family [] ADU [] Commercial [] Plat
Address of Project: 5780 Schickler Ln
Building Permit Number: pending 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: Deer Creek Water Assoc. DOH ID#: 18A18E
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 Records Act RCW 42.56.

Sign: [Signature] Print: Douglas Wittinger Date: 02/26/17
Title: Business Manager Address: PO Box 30230 Bellingham, WA 98228 Phone: 360.820.4314

For Health Department Use Only:

[] Received Date: Expires:

By: _____

Comments or Conditions: _____



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Applicant Information:

Property Owner(s): Dan & Therese Williams Phone: 360-384-3753
Address: PO Box 2553 City: Ferndale State: WA Zip: 98248
Contact Person: Dan Williams Phone: 360-220-4458
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): 3 9 0 2 2 7 4 6 6 1 7 3
Project Type (check one): [X] Single [] Multi-Family [] ADU [] Commercial [] Plat
Address of Project: Howell Rd
Building Permit Number: SFR2016-00195 Plat Name: Donnie's Short Plat Lot: 2

Certification of DENIAL of Public Water:

This Section to be Completed by the Public Water System Authorized Representative

Public Water System Name: Deer Creek Water Assoc. DOH ID#: 18A18E

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 Records Act RCW 42.56.

Sign: [Signature] Print: Douglas Wittinger Date: 22 June 16
Title: Business Manager Address: PO Box 30830 Bellingham, WA 98228 Phone: 360.820.4314

For Health Department Use Only:

[] Received Date: Expires:

By:

Comments or Conditions:



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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 the 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): Laurel Boys Phone: 360 441 9644
Address: 250 W Astor City: B'ham State: WA Zip: 98226
Contact Person: Same Phone: Same
Email and/or Alternate Contact: JWS@searsen@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: [Signature] Print: Kevin Sorensen Date: 11/19/16

Property Information:

Tax Parcel Number (12 digit number): 390224 328079
Project Type (check one): [] Single [] Multi-Family [] ADU [x] Commercial [] Plat
Address of Project: 250 W Astor Bellingham
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: Deer Creek Water Association DOH ID#: 18A18E

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 is conditioned upon attached Agreement.

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: [Signature] Print: Douglas Wittinger Date: 12/10/16
Title: Business Manager Address: PO Box 30230 Bellingham, WA 98228 Phone: 360.520.4314

For Health Department Use Only:

[] Received Date: Expires:

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

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 the 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): Gloria Reyna Gill Phone: 360-815-6892
Address: P.O. Box 1054 City: Lynden State: WA Zip: 98264
Contact Person: Gloria Phone: 360-815-6892
Email and/or Alternate Contact: gloria.gill@landstarmail.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: Gloria Reyna Gill Print: Gloria Reyna Gill Date: 8-1-16

Property Information:

Tax Parcel Number (12 digit number): 380306140175
Project Type (check one): Single Multi-Family ADU Commercial Plat
Address of Project: 210 E Horton Bellingham WA 98226
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: Deer Creek Water Assoc. DOH ID#: AB912G

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 conditioned upon terms of attached Agreement **
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: Douglas Wittinger Print: Douglas Wittinger Date: 01 Aug 16
Title: Business Mgr Address: PO Box 30230 Phone: 360-820-4314
Bellingham, WA 98228

For Health Department Use Only:

Received Date: _____ Expires: _____

By: _____
Comments or Conditions: _____



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

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 1/2 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 G Timothy & Geraldine L. Summitt
 Current Mailing Address 2942 Mt. Baker Hwy
 City Bellingham State WA Zip 98226 Phone 360-671-0718 Cell: 360-303-8160
 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 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 Douglas Wittinger Date 15 Apr '16
 Print Name and Title Douglas Wittinger
 Address P.O. Box 30230 Bellingham, WA 98226 Phone 360.820.4314

SECTION FIVE – REVIEW:

Received Date _____

Comments: _____

by: _____

Whatcom County Environmental Health

expires: _____



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

**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 1/2 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 Guillermo Powell
 Current Mailing Address 960 W. Smith Rd.
 City Bellingham State WA Zip 98226 Phone 360-739-7746
 Project Type: Single Family Residence ADU Commercial Plat
 Tax Parcel # 3902275001050000 Building Permit # _____
 *adding an ADU to an existing property with a sfr.

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 Douglas Wittinger Date 07 March '16
 Print Name and Title Douglas Wittinger Business Manager
 Address PO Box 30230 Bellingham, WA 98226 Phone 360.820.4314

SECTION FIVE - REVIEW

Received Date _____

Comments: _____

by: _____

Whatcom County Environmental Health

expires: _____



**WHATCOM COUNTY
HEALTH DEPARTMENT**
509 Girard Street
Bellingham, WA 98225
Phone 778-6000

**PUBLIC WATER
DENIAL**

SITE ADDRESS: 5484 WASCHKE Rd
Bellingham WA
98226

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 1/2 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 CHRIS DEHSY

Current Mailing Address 4170 Cougar Rd

City Bellingham State WA Zip 98226 Phone 360.661.6622

Project Type: Single Family Residence ADU Commercial Plat

Tax Parcel # 390226074258 Building Permit # _____

Construction of one (1) SFR on a 10 Acre parcel

SECTION FOUR - SPECIFICATION:

To be completed by the water system manager or authorized representative

Public Water System Name Deer Creek Water Association State ID# 18A18E

Denial conditioned upon terms of attached Agreement.

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 Douglas Wittinger Date 04 March 2016

Print Name and Title Douglas Wittinger Business Manager

Address P.O. Box 30230 Bellingham 98220 Phone 360.820.4314

SECTION FIVE - REVIEW:

Received Date _____

Comments: _____

by: _____

Whatcom County Environmental Health

expires: _____

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



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

**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 1/2 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 DR
 City LYNDEN State WA Zip 98264 Phone (425) 830-0449
 Project Type: Single Family Residence ADU Commercial Plat
 Tax Parcel # 3903292313660000 Building Permit # N/A

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 Douglas Wittinger Date 09 Sep 2015
 Print Name and Title Douglas Wittinger Business Manager
 Address PO Box 30230 Bellingham 98228 Phone 360.820.4314

SECTION FIVE – REVIEW:

Received Date _____

Comments: _____

by: _____

Whatcom County Environmental Health

expires: _____



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 360-201-5693 or
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# 18418E This water system is unable or unwilling to supply water to the above listed land use application.
*subject property is greater than 2,000 feet from our nearest water main.
Signature and Title Douglas Wittmer Business Manager Date Sep 13, 2013
Address PO Box 30230 Bellingham, WA 98228 Phone 360.820.4314

SECTION FIVE - REVIEW:

Completed by Whatcom County Health Department.

Date received

- [] Accepted
[] Rejected
Reason

Date