



DEPARTMENT OF COMMUNITY DEVELOPMENT

621 Sheridan Street, Port Townsend, WA 98368
 Tel: 360.379.4450 | Fax: 360.379.4451
 Web: www.co.jefferson.wa.us/communitydevelopment
 E-mail: dcd@co.jefferson.wa.us

**SUPPLEMENTAL APPLICATION
 DETERMINATION OF ADEQUATE POTABLE WATER**

Owner Name: _____	Parcel No. _____	Bldg Permit #	
Site Address: _____			
Water Source	Existing	Proposed	Attach Copies of:
Private well	_____	_____	1) Well Logs (if no log report on file, a 1 hr stabilization test may be substituted.) 2) Lab analysis tested within 3 years of application. -Total Coliform, Nitrate-N, Chloride
2-Party Well	_____	_____	Items above AND recorded Operations & Maintenance agreement and recorded Easement.
Alternative System:	_____	_____	Provide justification and design per Jefferson County Environmental Health policy 97-01 www.jeffersoncountypublichealth.org/pdf/Policy_97-01_Rainwater_Collection.pdf
Valid Water Right Permit:			Lab Analysis as required under private well above. Generally applies to springs, attach copy.
Public Water:	_____	_____	Name of Water Provider: _____ -Submit Water Availability Notification form completed by your water purveyor.
NOTE: If any of the above utilities need to be installed and disturbance will occur in a public maintained or unmaintained County road and/or Right-of-Way easement, then a Right-of-Way application will be needed.			

Resolution #99-90 requires building permit applications to provide evidence of an adequate potable water supply per the conditions of RCW 19.27.097 and the *Guidelines for Determining Water Availability for New Buildings*.

By signing this application form, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his, her or its knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application packet may result in making any issued permit null and void.

I further agree to that all activities I intend to undertake or complete associated with this application will be performed in compliance with all applicable federal, state and county laws and regulations and I agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Applicant may request notice of the County's intent to enter upon the property for visits related to this application and subsequent permit issuance.

Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY			
1) Water Right Permit # _____		3) Individual Well	
2) Public Water Supply WS ID# _____		Meets Water Quality Standards?	Yes _____ No _____
In Compliance	Yes _____ No _____	WRIA 17 Subbasin	_____
		SIPZ -Coastal / Moderate / High	Yes _____ No _____
Based upon information provided by the applicant, it appears that the potable water supply:			
Meets _____	Conditionally Meets _____	Does not Meet _____	



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**WATER AVAILABILITY NOTIFICATION
PUBLIC WATER SYSTEM**

TO: Jefferson County Environmental Health Department

FROM: _____ (Water System Name)

System Operator: _____

State ID Number: _____

Total connections for which system is approved: _____

Number of service connections existing (in use): _____

Number of service connections committed: _____

Date and results of most recent water bacteriological analysis: ____/____/____

The _____ water system is capable of and will supply potable water to the following location:

Assessor's Parcel ID#: _____

Legal Description: _____

Site Address: _____

Operator Signature: _____

Date: ____/____/____

EXPIRATION DATE OF THIS SERVICE COMMITMENT: ____/____/____