

# WATER REVIEW

FOR

## SINGLE BUILDING PERMIT

## PUBLIC WATER AVAILABILITY CHECKLIST

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME OF PROJECT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

COUNTY FILE # \_\_\_\_\_

DATE OF COMPLETED APPLICATION: \_\_\_\_\_ WATER SYSTEM: \_\_\_\_\_

#### I. Capacity to provide service

- \_\_\_\_\_ a. The property is within the designated Water System's service area and the System has sufficient capacity and water rights to serve this property.
- \_\_\_\_\_ b. Service to this property is not available from the Water System at this time. To serve this property will require:
- Annexation or Boundary Review Board/Department of Health Approvals
  - Additional water supply and/or water rights
  - Other (Describe: \_\_\_\_\_)

#### II. Availability of Domestic Water Service

- \_\_\_\_\_ a. Water will be provided at a minimum pressure of 35 psi by service connection to an existing \_\_\_\_\_ inch water main located \_\_\_\_\_ and is approximately \_\_\_\_\_ feet from the site.
- \_\_\_\_\_ b. Water service is available after the following improvements are completed:
- \_\_\_\_\_ feet of \_\_\_\_\_ inch water mains on \_\_\_\_\_ to reach the site; and/or
  - the construction of a distribution system on the site; and/or
  - Other (Describe: \_\_\_\_\_)

#### III. Availability of water for fire fighting

- \_\_\_\_\_ 1. The nearest fire hydrant is located at \_\_\_\_\_ and is within \_\_\_\_\_ feet of the property.
- \_\_\_\_\_ 2a. Water for fire fighting (is / will be) available at the rate of \_\_\_\_\_ gpm for a \_\_\_\_\_ hour duration at no less than 20 psi measured at \_\_\_\_\_ and \_\_\_\_\_ feet from the (building/property).
- \_\_\_\_\_ 2b. The fire flow capacity of the water system is unknown without further hydraulic analysis of the water system by an engineer licensed within the state of Washington.
- \_\_\_\_\_ 2c. Fire flow capacity is not available.

WATER MAY BE AVAILABLE IF THE PROPERTY OWNER MEETS THE FOLLOWING CONDITIONS (SUCH LISTING IS NOT INTENDED TO BE AN EXHAUSTIVE LIST OF ALL CONDITIONS WHICH MAY BE REQUIRED IN ORDER TO PROVIDE SERVICE. OTHER FACTS MAY BE REVEALED DURING SUBSEQUENT REVIEW WHICH REQUIRE NEW OR CHANGED CONDITIONS BE MET BY THE PROPERTY OWNER PRIOR TO SERVICE):

\_\_\_\_\_

\_\_\_\_\_

CHELAN-DOUGLAS HEALTH DISTRICT

PWS NAME & ID NUMBER

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

NOTE:  
The conditions of water availability stated within this form expire within one year of the water system personnel's signature date. A new water availability form shall be resubmitted after this date to confirm water availability.

This checklist was prepared to help applicants comply with the requirements of RCW 19.27.097, concerning the adequacy or inadequacy of the local water system's ability to serve the referenced property. The information provided is intended to summarize the water system's capacity and the required improvements, if any are needed to provide water service.

THIS FORM IS FOR WATER REVIEW ONLY. SEPARATE FORMS ARE REQUIRED  
FOR ELECTRICAL AND WASTEWATER SERVICE.