



City Supervisor/Building Inspector
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Water Availability Notification

Name: _____ Parcel
#: _____

Please complete Part A, B or C

Part A

Use of water for this building is authorized by valid Water Right Permit or Certificate # _____, which has not been canceled or relinquished. ***A copy of the above document is attached.***

Signature: _____
Address: _____ Date _____

Part B -- To be completed by desired water purveyor:

The Public Water System _____ State I.D. # _____, Water Right Permit or Certificate # _____, is capable of and will supply water to the project/short plat _____ for _____ connection(s) located at _____.

The above Public Water System is approved for _____ service connection(s) and currently serves _____ Connection(s).

- This is a new connection to serve this site.
- This is an existing approved connection serving this site.

The water systems facilities are adequate to provide service to this site and have been designed, approved, and Installed per WAC 248-54. Connection to the system must be completed within one year or this Water Availability Notification is void.

Purveyor _____
Title _____ Date _____
Address _____
Signature _____

Part C-- Please check one of the following:

The water supply for this building will be obtained from a source which does not require a water right permit. The water in each of the following three categories shall be tested for total coliforms and a copy of the report shall be attached to this document.

- The above well is newly constructed. It was drilled by _____, a licensed well driller. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.
- The above well has been in existence and use since _____. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.
- The source of water is a _____, which does not require a water permit.

Signature _____
Address _____ Date _____

The Above water system has met the requirements necessary for domestic use in accordance with RCW 19.27.097.
Environmental Health Specialist _____ Date _____