RECEIVED
JUN 10 2024
W.C.H.D.

WATER AVAILABILITY FORM
PUBLIC WATER SYSTEM

WHATCOM COUNTY HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Complete and submit form with original signatures to WCHD

Applicant Information:

Applicant/Owner(s): Conrad Tallariti Phone: (239) 235-0510
Address: 3625 125th St NW City: Gig Harbor State: WA Zip: 98332
Contact Person: Conrad Tallariti Phone: (239)235-0510
Email and/or Alternate Contact: conradtallariti@hotmail.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 that this approval expires one year after the PWS Authorized Representative signature date and that application for final plat approval and/or building permit must be made before the expiration date. I understand that information submitted is subject to the Public Records Act.

Sign: [signature] Print: Conrad Tallariti Date: June 3rd 2024

Property Information: Project Type: ☒ Single ☐ Multi-Family ☐ ADU ☐ Commercial ☐ Plat

Tax Parcel Number (twelve digit number): 3 9 0 7 0 8 3 9 8 4 5 7
Address of Project: 14039 Chimney Ln
Building Permit Number: _____ Plat Name: mt. baker rim div. 1 Lot: 39 Blk 4
Briefly describe project (attach site plan and additional pages as needed) New SFR

Certification of Public Water Availability: to be Completed by the PWS Authorized Representative

Group B water systems must have current water tests - bacteriological less than one year old and nitrate less than three years old.

Public Water System Name: Glacier Water District DOH ID#: 959152
The above Public Water System (PWS) is approved by the WA State Department of Health or the WCHD for 1165 service connections and currently serves 896 service connections. The PWS has the necessary water system infrastructure in place to adequately provide service to the above property per WAC 246-290 or WAC 246-291. The PWS is capable of and willing to supply water to the above property, residence, project or plat for _____ ☐ New service(s) and/or 1 ☒ Existing service(s).
Direct Connection? ☐ Yes ☒ No (meter ready, no extension required)
Conditions of Service _____

I certify that I am an authorized representative of the above PWS. I understand this certification expires one year after the PWS signature date. I understand that information submitted is subject to the Public Records Act 42.56.

Sign: Erica Kennedy Print: Erica Kennedy Date: 06/06/24
Title: office mgr. Address: PO BOX 5070 Glacier, WA 98244 Phone: 360 599 2558

For Health Department Use Only:

☒ Approved Date: 6/10/24 Approval Expires: 6/6/25
☐ Denied
By: [signature] Well Constructed After January 2018: ☐ Yes ☐ No

Comments or Conditions: _____

Notify Via: ☒ Email ☐ Phone ☐ Mail permits@jwrdesign.com

This subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with ch 58.17 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.

Initial Entry: [initials]
Notify: _____

186610