



**GRAYS HARBOR COUNTY  
DEPARTMENT OF PUBLIC SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

**100 W Broadway Suite 31  
Montesano, WA 98563  
360-249-4413  
360-249-3203 fax**

**\$74 Review Fee**

**WATER AVAILABILITY VERIFICATION PERMIT\***

**\*Only permit applications with original signature by purveyor will be accepted (no fax copies)**

Prior to the issuance of a building permit for any building requiring potable water, evidence of an adequate water supply must be provided by the applicant to the Grays Harbor County Planning and Building Division. Please complete to verify water availability for a public water system.

**Public Water Systems with more than Two Connections**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_  
Street City State Zip

Parcel # \_\_\_\_\_ Site Address \_\_\_\_\_

Has this property been the subject of a Washington State Department of Natural Resources (DNR) Class I, Class II, or Class III Forest Practices Approval (FPA) development moratorium during the past 6 years?  Yes  No

**THIS SECTION TO BE COMPLETED BY THE WATER PURVEYOR (CHECK ONE BOX ONLY)**

- The \_\_\_\_\_ Public Water System is capable of and willing to supply water to the above referenced parcel number for \_\_\_\_\_ connections. The above public water system is approved for \_\_\_\_\_ service connections. It is currently serving \_\_\_\_\_ connections. The water system facilities necessary to adequately provide service to this site have been designed, approved and installed per Washington Administrative Code (WAC) 246-290.
- The \_\_\_\_\_ Public Water System is not currently capable of supplying water to above referenced parcel number for \_\_\_\_\_ connection(s), nor do we anticipate any change in status of this determination within 120 calendar days from the signature date below.

Water Purveyor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed for additional comments, please attach additional pages.)

Purveyor Name \_\_\_\_\_ I.D.# \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENVIRONMENTAL HEALTH DIVISION USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

Sewage Permit # \_\_\_\_\_ Building Permit # \_\_\_\_\_ Water Availability Permit # \_\_\_\_\_