



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 FOR SOURCE WATER REVIEW

Please complete this document and submit the associated documents in order to satisfy JCC18.40.530(1)(b) which requires that utilities be identified for the project including water source. This submittal must not be confused with an approval to withdraw water for beneficial use. The beneficial use of water intended for irrigation must meet the requirement of Water Right Laws, either be a permit exempt source or have a valid water right and where applicable. The source must also meet all of the provisions as specified in the Quilcene Snow Water Resources Management Program Chapter 173-517. If initial information submitted is not adequate for consistency review and additional information or work is needed, an hourly rate will be charged accordingly.

Owner Name: _____	Parcel No. _____	Blg Permit #	
Site Address: _____			
Type of Structure/Project: _____			
Water Source	Existing	Proposed	Attach Copies of:
(please check one of the applicable lines below and follow the corresponding instructions in the same box to the right)			
Private well	<input type="checkbox"/>	<input type="checkbox"/>	Water Well Report or Well Log (if no report on file, a 1 hr stabilization test may be substituted.)
2-Party Well	<input type="checkbox"/>	<input type="checkbox"/>	Item above AND recorded Operations & Maintenance agreement and recorded Easement.
Alternative System	<input type="checkbox"/>	<input type="checkbox"/>	Provide justification and design per Jefferson County Environmental Health policy 97-01 www.jeffersoncountypublichealth.org/pdf/Policy_97-01_Rainwater_Collection.pdf
Spring or Surface Water	<input type="checkbox"/>	<input type="checkbox"/>	Attach copy of Valid Department of Ecology (ECY) Water Right or contact ECY.
Public Water	<input type="checkbox"/>	<input type="checkbox"/>	Name of Water Provider: _____ -Submit Water Availability Notification form on back to be completed by you 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.			

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: ____/____/____