

Binding Water Availability Letter

This form must be completed by the water purveyor, operations manager, water commissioner, or their designee.

For each commitment for a water hook-up, please complete the section below. Verbal approval over the phone and completion by any other person other than the authorized personnel for the water supply will not be accepted.

The Public Water System _____

State ID Number: _____, is capable of supplying, and will supply water to

(property owner) _____ for _____ connection(s) located

at: _____

(Assessors account number or property address)

This connection is to be used for _____
(project description)

This connection is for commercial or industrial purposes, see attached for specific project description/conditions of this letter.

There is an existing well on this property. The owner is required to either decommission the well or have it approved for use by the Health District.

The above Public Water Supply is approved by the Washington State Department of Health or the Kitsap Public Health District for _____ connections/ERUs and currently serves _____ connections/ERUs.

This Availability Letter is valid for _____ years (3 year minimum for Building Site Applications).

<i>Purveyor/Satellite Manager Name:</i>	<i>Signature/Title:</i>
<i>Mailing Address:</i>	
<i>Date:</i>	<i>Day Phone:</i>