



CERTIFICATE OF WATER AVAILABILITY

APPLICANT NAME: _____

LOCATION (ADDRESS): _____

PROPOSED USE: _____

PHONE NUMBER: _____ EMAIL: _____

Water requested: Number of residential taps _____ or commercial flow of _____ GPM.
(Attach map or legal description, if necessary)

- Short Subdivision Rezone or other Preliminary Plat or PUD BSP

****Please submit a copy of the Spokane Valley Fire Departments Pre-Land Use Application comments to the water district along with this form for coordination of water availability.****

WATER PURVEYOR INFORMATION

PURVEYOR NAME: _____

PURVEYOR CONTACT: _____

TELEPHONE NUMBER(S): _____ EMAIL: _____

- 1. a. Water will be provided by service connection only to the existing _____ inch water main, _____ feet from the site.
- OR b. Water service will require an improvement to the water system by the contractor of:
 - (1) _____ feet or water main to reach the site; and/or
 - (2) the construction of a distribution system on the site; and/or
 - (3) other (describe) elimination of temporary water services through District participation, which will require a public hearing.
- 2. a. The proposed project is consistent with the water purveyor's DOH approved water system plan.
- b. The water system has a current Washington Department of Health Operating permit, allowing the number of new taps or water requested.
- 3. Project specific comments:

COMMENTS/CONDITIONS

I hereby certify that the above water purveyor information is true. This certification shall be valid for one year from the date of signature.

Agency (District) name _____ Signatory name & Title _____ Date _____