



CERTIFICATE OF WATER AVAILABILITY SPOKANE VALLEY COMMUNITY DEVELOPMENT

APPLICANT NAME: Whipple Consulting Engineers, Inc. LOCATION (ADDRESS): 2528 N Sullivan Rd, Spokane Valley, WA 99216 PROPOSED USE: Mixed use development w/single, cottage, multi-family housing, commercial, open space 509-893-2617 PHONE NUMBER: MESSAGE PHONE: Number of residential taps 578 or commercial flow of TBD GPM. Water requested: (Attach map or legal description, if necessary) Building Permit ☐ Short Subdivision Rezone or other Preliminary Plat or PUD FIRE DEPARTMENT REVIEW Water is or will be available at the rate of flow and duration indicated below at no less than 20 psi measured at the nearest fire hydrant which is feet from the building/property above (or as marked on the map attached). Rate of flow Duration Less than 500 gpm (approx. ____ gpm) Less than one hour 500 to 999 gpm One hour to two hours 1000 gpm or more Two hours or more Calculation of _____ gpm (Commercial building permits require a flow test or calculation) Flow test of _____ gpm Water system is NOT capable of providing fire flow. Fire flow is satisfactory Fire flow is NOT satisfactory Spokane Valley Fire Department Fire District WATER PURVEYOR INFORMATION PURVEYOR NAME: Spokane County Water District # 3 PURVEYOR'S ADDRESS: 1225 N. Yardley St., Spokane, WA 99212 PURVEYOR'S TELEPHONE NUMBER(S): 509-536-0121 1. Water will be provided by service connection only to the existing _____ inch water main, a. feet from the site. OR X b. Water service will require an improvement to the water system by the contractor of: feet or water main to reach the site; and/or \Box (1) \times (2) the construction of a distribution system on the site; and/or WATER PLAN REQUIRED other (describe) elimination of temporary water services through District participation, which will require a public hearing. 2. X The proposed project is consistent with the water purveyor's DOH approved water system a. plan. X The water system has a current Washington Department of Health Operating permit, h. allowing the number of new taps or water requested. **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. SCWD#3 Agency (District) name