

Connection to a Public Water System



This application is required to show that you have an approved connection to a public water system. Please fill this application out completely.

This is NOT the correct form for a shared well. If you need a shared well application, please ask the staff for assistance. **There is a \$25 processing fee for this application.**

PLEASE NOTE: The top part of this application must be filled out by you, the applicant. The bottom part is to be filled out by your water system purveyor. This application must be returned to the Klickitat County Health Department for review.

PROPERTY INFORMATION

Parcel Number: _____ **Lot Size:** _____
Site Address: _____
City: _____ **State:** _____ **Zip:** _____

APPLICANT CONTACT INFORMATION

Name: _____ **Phone:** _____
Mailing Address: _____
City: _____ **Sate:** _____ **Zip:** _____
Email: _____

THE SECTION BELOW IS TO BE FILLED OUT BY YOUR WATER PURVEYOR

Water System Name: _____ **Water System ID#:** _____
Total # of Approved DOH Connections: _____ **Total # of Connections Served:** _____

- The above mentioned public water system is capable and willing to serve potable water to the proposed connection(s). The water system facilities necessary to adequately provide such service has been review and approved in accordance to WAC 246-290

- The above mention public water system is not able to provide potable water to the proposed connection(s).

Water Purveyor: _____ **Phone:** _____
Water Purveyor Mailing Address: _____
City: _____ **Sate:** _____ **Zip:** _____