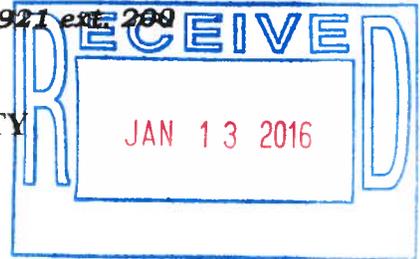




# City of Buckley

P.O. Box 1960 ♦ Buckley, WA 98321 ♦ (360) 829-1921 ext. 280



## CERTIFICATE OF WATER AVAILABILITY

### PART A TO BE COMPLETED BY APPLICANT

PROJECT ADDRESS XXX Couls Ave.

SUBDIVISION/PROJECT NAME Couls Cottages PARCEL# 324000353  
3240000353

Proposed water usage 12 (# connections)

Customer type (circle one) Rural residential Residential Multi-Family Commercial Industrial

I, the undersigned, or my appointed representative has requested the following purveyor to certify willingness and ability to provide the indicated service. I have read and understand the information provided by the water purveyor on this Certificate and acknowledge that the proposed project may require improvements to the water system which would incur my financial obligation. Prior to final approval for construction of the water facilities, it is understood that a legal contract between myself and the water utility which specifies the terms of water service, operational responsibility, and financial obligating may be required.

The applicant agrees, as evidenced by signing this application, that as a condition of water service being provided by the City of Buckley Water Department, hereinafter referred to as the Purveyor, to comply with all provisions of BMC 14.04 and BMC 14.05, or latest revision thereof, and to other such rules and policies now existing or which may be established from time to time governing the Purveyor's water system.

The applicant specifically agrees:

- a) to install and maintain at all times his plumbing system in compliance with the most recently adopted edition of the Uniform Plumbing Code as it pertains to the prevention of potable water system contamination, prevention of pressure surges and thermal expansion in his water piping (for thermal expansion, it shall be assumed that a check valve is installed by the Purveyor on the water service pipe);
- b) within 30 days of the Purveyor's request, to install, test, maintain, and repair in accordance with the Purveyor's cross connection control standards a reduced pressure backflow assembly or double check backflow assembly, or detector derivative thereof, on the customer's service pipe immediately downstream of the Purveyor's meter, or other Purveyor approved location; and to report to the Purveyor within 10 days of obtaining the results of all tests and repairs to aforementioned backflow prevention assemblies, and of making any change to the plumbing system.
- c) not to make a claim against the Purveyor or its agents or employees for damages and/or loss of production, sales or service, in case of water pressure variations, or the disruption of the water supply for water system repair, routine maintenance, power outages, and other conditions normally expected in the operation of a water system.
- d) to pay his water bill within thirty (30) days from the date of billing. After thirty (30) days of the Purveyor mailing a written notice to the property owner of his breach of this agreement, the Purveyor may terminate water service. In the event legal action is required and commenced between the parties to this agreement to enforce the terms and conditions herein, the substantially prevailing party shall be entitled to reimbursement of all its costs and expenses including but not limited to reasonable attorney's fees as determined by the Court.
- e) if outside the corporate limits of the city the applicant agrees that they will not oppose annexation of the area including the premises for which service is being applied.
- f) if public sewer service is not available to the premises the applicant certifies that the property obtaining service has a valid septic system approved by Pierce County health department.

PRINT NAME Vander Vies Construction Inc. SIGNATURE John Vander Vies (V.V.)

ADDRESS 2947 Edel Ave. CITY Enumclaw STATE WA ZIP 98022

PHONE # 253-335-9502

(Please ensure that the above is completed PRIOR to submittal to the Water Purveyor.)

**PART B  
TO BE COMPLETED BY WATER PURVEYOR**

Water system to provide service Buckley Water State ID# 09000k

The proposed development is is not within our approved service area (circle one).

This water utility will will not be providing service (circle one). Approved number of connections 12

Water service will be provided by:

- Direct connection to approved existing water main
- Extension of existing water main (s)
- New water system in accordance with WAC 246-290

Are water system facilities approved according to DOH requirements?  Yes  No

Water service will be made available to this project by (date): 12/1/15

Water availability is valid for ~~12~~<sup>36</sup> months from the date of approval by the City. If the applicant has not connected to the system or utilized the connections by 12/1/19 (date), the reservation shall expire. If the applicant is submitting for land subdivision or commercial/residential site plan development then approval of the development application shall be considered as utilization of the connections.

PROJECT ADDRESS xxx Cool Ave APPLICATION NUMBER \_\_\_\_\_

SUBDIVISION/PROJECT NAME Cool's Cottages PARCEL 3240000 353

FIRE FLOW INFORMATION

FOR ALL PROJECTS, SINGLE FAMILY RESIDENTIAL, MULTI-FAMILY, COMMERCIAL, OR INDUSTRIAL WATER MAINS:

- Location of nearest main capable of supplying at least 500 gpm: Property Frontage
- If not in street at front of property, distance from property to above main is \_\_\_\_\_ feet.
- Fire flow available at 20 psi is 2,225 gpm for 60 minutes.
- Estimated static pressure at project location is 66 psi.
- Distance from center line of property frontage to nearest hydrant measured along routes of fire apparatus is 140 feet.

THE AMOUNT OF AVAILABLE FIRE FLOW INDICATED ABOVE IS IN ADDITION TO REQUIREMENTS FOR NORMAL DOMESTIC MAXIMUM USE.

A contract has / has not been signed with the applicant for water service (circle one).

The above information is an accurate account of the existing or necessary water system facilities.

We the undersigned water purveyor certify that we will assume full operational and maintenance responsibility for the above water system which has been designed, approved and installed\* in accordance with Washington Administrative Code 246-290, in accordance with RCW 90.44 (Water Rights Permits) and an approved water system comprehensive plan.

Water purveyor Buckley Water Date 12/1/15

Signature Ch B Title APWS Phone 253-261-6788

\* a bond or assignment of funds (please attach) is acceptable for final land division applications only.

**PART C  
PURVEYOR USE ONLY**

**PURVEYOR USE ONLY**

\_\_\_/\_\_\_/\_\_\_ Date connection fee received

\_\_\_/\_\_\_/\_\_\_ Date Water Use Survey questionnaire received

\_\_\_/\_\_\_/\_\_\_ Date risk assessment completed; by \_\_\_\_\_ {Name of CCS}

\_\_\_/\_\_\_/\_\_\_ Date customer notified of requirement for BPA

\_\_\_/\_\_\_/\_\_\_ Date BPA installation approved

\_\_\_/\_\_\_/\_\_\_ Date BPA test report accepted

\_\_\_/\_\_\_/\_\_\_ Date BPA information entered into database

\_\_\_/\_\_\_/\_\_\_ Date water service installed

\_\_\_/\_\_\_/\_\_\_ Date meter installed and water turned on

# Water Use Questionnaire

## Residential Customers

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

The attached brochure describes a "cross connection" and the potential for contamination of the public water system through unprotected cross connections. The purpose of this questionnaire is to help determine if you have any special plumbing or activities that may pose an increased risk of contamination to the water distribution system. Please respond by checking the appropriate box below:

Yes	No	Plumbing or Activity Present on Premises
		Underground Landscape (Irrigation) Sprinkler System
		Water Treatment System (e.g. Water Softener)
		Solar Heating System
		Residential Fire Sprinkler System
		Other Water Supply (e.g. Well, Spring etc.) (whether or not connected to plumbing system)
		Sewage Pumping Facilities or Grey Water System
		Boat Moorage with Water Supply
		Hobby Farms or Animal Watering Troughs
		Swimming Pool or Spa
		Greenhouse or Decorative Pond
		Photo Lab or Dark Room
		Home-Based Business. If Yes, Type of Business: _____

BY: \_\_\_\_\_  
Resident's signature

Date: \_\_\_\_\_

Please return the completed questionnaire to the address on the letterhead by \_\_\_\_\_ date.

If you have checked "Yes" to any of the above, we will contact you to request further information. Your cooperation in completing this questionnaire is most appreciated.

If you have any questions, please contact the undersigned.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_