

2010 Mt. View-Edgewood Water Company

CERTIFICATE OF WATER AVAILABILITY

PART A

TO BE COMPLETED BY APPLICANT

PROJECT ADDRESS _____ APPLICATION NUMBER _____

SUBDIVISION/PROJECT NAME _____ PARCEL _____

Proposed number of connections _____ DAYTIME PHONE NO. _____

Customer type (circle one) Residential Multi-family Commercial

I, the undersigned or my appointed representative, have 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 is required between myself and the water utility which specifies the terms of water service, operational responsibility, and financial obligation.

PRINT NAME _____ SIGNATURE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

PART B

TO BE COMPLETED BY WATER PURVEYOR

FEE **\$150.00** DATE PAID _____ HOW PAID _____ BY (initials) _____

Water system to provide service MT. VIEW-EDGEWOOD WATER CO. State ID# 568203

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: Unspecified Existing source capacity: 3400 GPM

Number of current/existing connections: 2907 Existing storage: 2,175,000 GALLONS

Water service will be provided by:

_____ Direct connection to approved, existing water main.

_____ Extension of existing water main(s) at developer's expense per current Development Standards and By-Laws. **Contact Mt. View-Edgewood Water Company for extension requirements prior to City of Edgewood pre-application meeting.**

Are water system facilities approved according to DOH requirements? _____

Water service will be made available to this project _____

******NOTE: Completion of Page 2 and Water Purveyor Signature Are Required.******

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FIRE FLOW INFORMATION:

WATER MAIN:

Location of nearest main capable of supplying at least 500 GPM _____

Fire flow available at 20 psi is _____ GPM for _____ minutes.

Estimated static pressure at project location is _____ psi.

HYDRANTS: Contact City of Edgewood to determine if Applicant must upgrade or install a fire hydrant(s).

Distance from center line of property frontage to nearest hydrant measured along probable routes of fire apparatus travel is _____ feet.

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

A WATER SYSTEM VICINITY MAP WHICH SHOWS THE WATER MAINS AND HYDRANTS SERVING THIS PROJECT IS REQUIRED FOR ALL PROJECTS.

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.

FOR PRELIMINARY SHORT PLAT OR SUBDIVISION:

We understand that this document, in absence of a legal contract, constitutes certification of willingness and ability to provide water service. It is further understood that, in the absence of an approved comprehensive plan, additional engineering approval has been obtained which demonstrates that facilities to provide water service to this project are available or can be constructed.

Water Purveyor MT. VIEW- EDGEWOOD WATER COMPANY Expiration Date _____

Signature _____ Title _____ Date _____ Phone 863-7348

FOR FINAL SHORT PLAT, SUBDIVISION, BUILDING PERMIT, SEPTIC DESIGN.

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, RCW 90.44 (Water Rights Permits), Pierce County Ordinances 86-117S3 and 92-99, and an approved water system comprehensive plan.

Water Purveyor MT. VIEW-EDGEWOOD WATER COMPANY Expiration Date _____

Signature _____ Title _____ Date _____ Phone 863-7348