

APPENDIX H

WATER SERVICE DOCUMENTS

CERTIFICATE OF WATER AVAILABILITY

CITY OF MILTON
PUBLIC WORKS
1000 LAUREL STREET
MILTON, WA 98354
PHONE: (253) 922-8738
FAX: (253) 922-3466

PART A TO BE COMPLETED BY APPLICANT

PROJECT ADDRESS: _____ APPLICATION NO. _____

SUBDIVISION PROJECT NAME: _____ PARCEL: _____

Proposed water usage: _____ (# of units)

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

Please attach a site map

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 between myself and the water utility which specifies the terms of water service, operational responsibility, and financial obligation may be required.

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____ PHONE: _____
Street 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

Water system to provide service: _____ City of Milton State ID# _____ 54950V

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

The water utility will / will not be providing service (circle one).

Approved number of connections unspecified Existing source capacity _____

Number of current/existing users _____ Existing storage 3,350,000 gal

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 and Pierce Co. Ordinances 86-11753 and 92-99

Are water system facilities approved according to DOH requirements? Yes

Water service will be made available to this project by (date) _____

*****NOTE: COMPLETION OF PAGE 2 AND WATER PURVEYOR SIGNATURE ARE REQUIRED*****

CERTIFICATE OF WATER AVAILABILITY

(Page 2)

PROJECT ADDRESS: _____ APPLICATION NO. _____

SUBDIVISION/PROJECT NAME: _____ PARCEL: _____

WATER MAINS:

- ◆ Location of nearest main capable of supplying at least 500 GMP _____

- ◆ If not in street at front of property, distance from property to above main is _____ feet.
- ◆ Fire flow available at 20 psi is _____ GPM for _____ minutes.
- ◆ Estimated static pressure at project location is _____ psi.

HYDRANTS:

- ◆ Distance from center line of property frontage to nearest hydrant measured along 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 OTHER THAN ONE OR TWO FAMILY DWELLINGS.

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: _____ Expiration Date: _____

Signature: _____ Title: _____ Phone: _____ Date: _____

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 86-11753 and 92-99, and approved water system comprehensive plan.

Water Purveyor: _____ Expiration Date: _____

Signature: _____ Title: _____ Phone: _____ Date: _____

* Fee: Residential (up to four-plex) \$100.00 / unit.

Non-residential (includes multiple family larger than four-plex and all commercial) \$200.00 / calculated equivalent residential unit (ERU)

(In the event that an existing certificate needs to be modified for additional units or ERUs, the cost difference between the existing certificate and the higher demand will be charged.)

Total Due _____ CMR# _____ Date _____ By _____



CITY OF MILTON

Water Service Permit

Date of Application _____ Parcel No. _____ Phone No. _____

Owner / Contractor _____

Contractor Address _____

Location Site _____

Size of Service: [] 5/8" [] 1" [] 1-1/2" [] 2" [] Larger

Type of Service: [] Single [] Multi-Family [] Commercial

[] Fire [] Irrigation [] Other

Applicant's Signature _____

**** Site Map Shall Be Attached at the Time of Application****

Public Works Department Use Only

PERMIT

\$100.00 Permit Fee Per Meter AMOUNT

CITY SERVICE INSTALLATION FEES

\$2,090.00 (per unit) Connection Fee - 5/8" (includes connecting meter & meter box) AMOUNT

Larger meters - Additional cost plus 15% overhead cost plus \$2,090.00 AMOUNT

DEVELOPER SERVICE INSTALLATION FEES

\$420.00 Drop Meter Fee - 5/8" meters AMOUNT

Larger meters - Additional cost plus 15% overhead cost plus \$420.00 AMOUNT

SYSTEM DEVELOPMENT CHARGES - PER BUILDING

\$4,325.00 - 5/8" meter size AMOUNT

\$7,220.00 - 1" meter size AMOUNT

\$14,400.00 - 1-1/2" meter size AMOUNT

\$23,050.00 - 2" meter size AMOUNT

Greater than 2" meter - Calculated upon request AMOUNT

Additional charges: time and material AMOUNT

TOTAL CHARGES AMOUNT

Building Permit Number: _____

Tap Number: _____

Date of Installation: _____

By: _____

Backflow Prevention Assembly Required: [] Yes

[] No

[] Premises Isolation

[] Point of Contact

Type Required: [] DCVA [] RPBA

[] RPDA

APPROVED BY: _____

DATE: _____

City use only

Receipt # _____ By: _____ Acct Estb: _____ Entered Meter Book _____

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