

CITY OF BURIEN CERTIFICATE OF WATER AVAILABILITY

Highline Water District
 P O Box 3867
 Kent, WA 98032
 206-824-0375

Water District 49
 415 SW 153rd St.
 Burien, WA 98166
 206-242-8535

Water District 20
 12606 1st AV S
 Burien, WA 98168
 206-243-3990

Seattle Public Utilities
 700 Fifth Ave.,
 Suite 4500
 Seattle, WA 98104
 206-684-3000

Part A (To Be Completed by Applicant)

Purpose of Certificate: Accessory Dwelling Unit
 Building Permit Preliminary Plat or PUD
 Short Subdivision Rezone or other _____

Applicant's Name _____

Proposed Use _____

Location _____

(Attach map and legal description if necessary)

The following structure or building shall have a **cross connection inspection** by the water purveyor WAC 246-290-490 because of the following item: (1) **Fire Protection System**, (2) **Boiler**, it shall be the requirement of the owner to notify the Water District. This is a requirement of the State of Washington and shall be complied with.

Part B: (To Be Completed By Water Purveyor)

1. a. Water will be provided by service connection only to an existing _____ water main _____ feet from the site.
 (size)

or b. Water service will require an improvement to the water system of:

 - (1) _____ fee of water main to reach the site; and/or
 - (2) The construction of a distribution system on the site; and/or
 - (3) Other (describe) _____
2. a. The water service is in conformance with a County-approved water comprehensive plan.
 or b. The water system improvement will require a water comprehensive plan amendment.
3. a. The proposed project is within the corporate limits of the district, or has been granted Boundary Review Board (BRB) approval for extension of service outside the district or city, or is within the County-approved service area of a private water purveyor.
 or b. Annexation or BRB approval will be necessary to provide service.
4. a. 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 _____ feet from the building/property (or as marked on the attached map):

Rate of Flow	Duration
<input type="checkbox"/> less than 500 gpm (approx. _____ gpm)	<input type="checkbox"/> less than 1 hour
<input type="checkbox"/> 500 to 999 gpm	<input type="checkbox"/> 1 hour to 2 hours
<input type="checkbox"/> 1,000 gpm or more FOR	<input type="checkbox"/> 2 hours or more
<input type="checkbox"/> flow test of _____ gpm	<input type="checkbox"/> Other _____
<input type="checkbox"/> calculation of _____ gpm	

(Commercial Building Permits require flow test or calculation)

or b. Water system is not capable of providing fire flow.

COMMENTS/CONDITIONS _____

I hereby certify that the above water purveyor information is true. This certification shall be valid for one year from date of signature.

 (Agency Name) (Print Name)

 (Title) (Signature/Date)