



Okanogan County Public Health

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388

<http://www.okanogancounty.org/ochd/index.htm>

NOTICE OF AN ADEQUATE SUPPLY OF POTABLE WATER INSTRUCTION SHEET

Please complete the notice of an adequate supply of potable water form and **be sure to sign in the presence of a Notary Public.**

Once the form has been completed, it **will need to be filed with the Okanogan County Auditor's office** (their address is: PO Box 1010, Okanogan, WA 98840). **There is a filing fee of \$72.00** and checks need to be made payable to: Okanogan County Auditor.

After filing the completed Notice of an Adequate Supply of Potable Water form at the Auditor's office, **then you will need to send a copy of it back to our office** (Public Health, PO Box 231, Okanogan, WA 98840).

If you have any questions please call JJ Bellinger at (509) 422-7154.

Assessor's Tax Parcel Number

Return To:

NOTICE OF AN ADEQUATE SUPPLY OF POTABLE WATER

I, _____, am the owner of the property described as Parcel # _____, located in the _____ ¼ of the _____ ¼, Township _____, Range _____, Section _____ in Okanogan County. A water supply has been established for the structure on this property and is determined by Okanogan County Public Health to be an adequate, according to Determination of Water Adequacy number _____, signed on _____. This instrument hereby **revokes** the Thirty (30)/Sixty (60) day Occupancy Notice filed on this property on the date of _____, Reel _____, Page _____, and establishes that the structure on this property **may now be occupied for more than thirty (30)/sixty (60) days per year.**

Signature: _____

STATE OF WASHINGTON)

(ss.

County of Okanogan)

On this day personally appeared before me _____, to me known to be the individual _____ described in and who executed the within and foregoing instrument, and acknowledged to me that _____ signed the same as _____ free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on _____, 20_____.

Notary Public in and for the State of Washington, residing at _____

My Commission Expires: _____

Approved by the Okanogan County Public Health

Signature

Date