Notice of an Adequate Supply of Potable Water procedure

Please complete the Notice of an Adequate Supply of Potable Water procedure 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 P.O. Box 1010, Okanogan, WA 98840). There is a filing fee (call 509-422-7240 for amount) and checks should be made payable to: Okanogan County Auditor.

After filing the Notice of an Adequate Supply of Potable Water procedure at the Auditor’s office, **you will need to send a photocopy of the recorded form back to our office** (Public Health, PO Box 231, Okanogan, WA 98840) with the completed **On-site Sewage application and fee**. Retain the original recorded form for your records. Checks for On-site Sewage applications are payable to: Okanogan County Public Health.

If you have questions, please call: (509) 422-7140.
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 the Okanogan County Health District to be an adequate, according to Determination of Water Adequacy number ___________, signed on ______________. This instrument hereby revokes the 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 sixty (60) days per year.

Signature: ________________________________

STATE OF WASHINGTON

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 he/she/they signed the same as his/her/their 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 Health District

________________________________________
Signature

Date