



Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

PUBLIC WATER VERIFICATION INFORMATION

Parcels Utilizing Exempt Water Systems

A list of Exempt water systems is included with this packet. To verify an Exempt water system, the Environmental Health Unit of the Cowlitz County Health & Human Services (EHU) must know which system is utilized. All documents submitted must clearly identify the system name and address of the property being served. The following are acceptable means of notification.

1. A copy of a receipt stub from the system's billing department. The document becomes public record, so it is recommended to block out any sensitive information you don't want to be seen.
2. A signed letter by the system's purveyor, indicating an available connection.
3. A phone call to the EHU letting staff know the system name. The purveyor will be contacted by phone to verify an available connection.

Parcels Utilizing Non-Exempt Water Systems

Non-Exempt water systems have a maximum number of connections available. Applicants will be notified if the limit has been reached during review. To verify a non-exempt water system, the EHU will require the following be submitted:

1. A completed Public Water Verification template, signed by the water purveyor OR a letter drafted and signed by the water purveyor which includes all information requested within the template.
2. Payment of Public Water Verification fee.

Note: The permitting agencies do not guarantee future water quality or quantity.



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Exempt Public Water Systems

Cowlitz County Public Works	
Castle Rock Municipal Water	11800
City of Longview	48100
City of Woodland	98200
City of Kelso	38000
City of Kalama	37550
Toutle Community Regional	88905
Beacon Hill (Lexington Estates Subdivision)	15650D



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PUBLIC WATER AVAILABILITY NOTIFICATION

This form must be completed by the water purveyor, operations manager, water commissioner, or their designee.

For each commitment for a water hook-up, please complete the section below. Verbal approval over the phone and completion by any other person other than the authorized personnel for the water supply will not be accepted.

The Public Water System (name) _____,

State ID No. _____, is approved, capable of supplying, and will supply water to

(property owner) _____ for _____ connection(s) located

at: (parcel number or property address)

_____.

1. Project description, this connection is to be used for the following:

2. Project purpose, the connection is for (please choose one):

New Connection

Remodeling

Replacing Existing Connection

Expanded Use

This Availability Letter is valid for one (1) year.

Purveyor's Name (please print): _____

Signature: _____ **Title:** _____

Mailing Address: _____

Phone: _____ **Date:** _____