



# Okanogan County Public Health

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

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

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## 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 \$62.00** 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 \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4, 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