



WASHINGTON COUNTY
 Dept. of Land Use & Transportation
 Planning and Development Services
 Current Planning
 155 N. 1st Avenue, #350-13
 Hillsboro, OR 97124
 Ph. (503) 846-8761 Fax (503) 846-2908
 http://www.co.washington.or.us

**Request For Statement Of
 Groundwater Restrictions (Service
 Provider Letter)**

OWNER(S):

NAME: _____

ADDRESS: _____

PHONE: _____

APPLICANT/PROJECT CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DISTRICT 18 WATERMASTER'S OFFICE
 (503 846-7780, Watermaster@co.washington.or.us)

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

Site Size: _____

Site Address: _____

EXISTING USE: _____

PROPOSED PROJECT NAME: _____

PROPOSED DEVELOPMENT ACTION: _____

PROPOSED USE: _____

IF RESIDENTIAL:
 NO. OF DWELLING UNITS: _____
 SINGLE FAM. _____

IF INDUSTRIAL/COMMERCIAL:
 BLDG. SQ.FT. _____

IF INSTITUTIONAL:
 BLDG. SQ. FT. _____
 NO. STUDENTS/EMPLOYEES/MEMBERS: _____

*******ATTENTION WATERMASTER'S OFFICE*******

**PLEASE PROVIDE YOUR COMMENTS BELOW, REGARDING WHETHER THE PROPOSED
 DEVELOPMENT OR NEW USE TRIGGERS RESTRICTIONS, REQUIREMENTS OR CONCERNS
 REGARDING GROUNDWATER USE.
 RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.**

IS THE SITE IN A GROUNDWATER LIMITED AREA?

IS THE PROPOSED DEVELOPMENT/USE SUBJECT TO OREGON WATER RESOURCES DEPT.
 RESTRICTIONS/REQUIREMENTS FOR GROUNDWATER USE?

Other comments:

SIGNATURE: _____ POSITION: _____ DATE: _____