



Okanogan County Public Health

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

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

PROCEDURE FOR OBTAINING A DETERMINATION OF WATER ADEQUACY

1. Complete the application form and submit to Okanogan County Public Health with required fee.
 - a. **Application Fee:** \$75.00
 - b. Legal description and Assessor's parcel number are available in the County Assessor's Office, and must be completed.
2. The application must include the following, in order to be complete:

For Private (Individual) water sources:

1. Proof of the capacity of the water source such as;
 - a. a copy of a Water Well Report (Well Log), or
 - b. a copy of a pump test (2 hour minimum duration), or
 - c. a copy of a water right on the water source.
2. AND - a copy of a satisfactory coliform bacteria test (less than 1 year old.)
3. AND – a copy of a satisfactory nitrate test (less than 3 years old.)

Note: Both of these water quality tests can be done by the Okanogan County Public Health water laboratory; there is a fee of \$35.00 per test. **This is not included in the application fee.** You may also have these tests done at any other state certified laboratory, and supply a copy of the results.

For Public Water Systems:

1. Section 2.A of the application must include the name of the public water system supplying the water, and **MUST** be signed by the owner or manager of the water system.
2. The public water system designated in this section must be registered with and approved by the Washington State Dept. of Health as a Public Water System

NOTE: The location of your well must be reviewed and approved by the Okanogan County Office of Planning & Development for compliance with zoning, shoreline, subdivision and critical areas regulations. **Do not have your well drilled until after you have obtained a site plan review from the Office of Planning & Development. To do so may result in unnecessary expense and you may be required to relocate the well.**

NOTE: WAC 173-160 prohibits the placement of any new well within 100 feet of a known source of contamination.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
JACQUELINE (JJ) BELLINGER BY CALLING (509) 422-7154**



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APPLICATION FOR DETERMINATION OF WATER ADEQUACY

Fee: \$75.00

INSTRUCTIONS:

1. Complete Part 1. No determination can be made until Part 1 is fully completed.
2. Complete only the portion of Part 2 applying to the type of water system utilized.
3. Submit completed application and attachments along with the \$75.00 fee to the health district for review.

PART 1: APPLICANT/PARCEL IDENTIFICATION

NAME OF APPLICANT: _____ DATE _____

MAILING ADDRESS _____ TELEPHONE () _____

City State Zip Code

ASSESSOR'S PARCEL NUMBER: _____ T. _____ R. _____ S. _____ Qtr. _____

SUBDIVISION (IF APPLICABLE): _____ LOT _____

TYPE OF WATER SYSTEM (CHECK ONE)

- Public/Community Water System
- Individual System, Drilled Well
- Individual System, Dug Well
- Individual System, Other _____
Type

REASON FOR APPLICATION (CHECK ONE)

- For Building Permit Approval?
 YES NO
- Land Use Application
- Name: _____
- Type: _____

Note: This determination does not: * address water quality, * address adequacy of the distribution system, * guarantee an adequate supply of water indefinitely into the future, or * guarantee compliance with all applicable WDOE water resource regulations.

Applicant's Signature

PART 2-A: PUBLIC WATER SYSTEM

NAME OF WATER SYSTEM: _____ WFI ID _____

- The water purveyor for this system has previously filed a certificate of water adequacy with the Health District.
- I am the manager of the above referenced water system. The water system has DOH approval for _____ service connections, with _____ connections presently in use. The applicant has approval to connect to this water system. Service of water to the applicant for domestic purposes is consistent with both the water system plan and the water right permit presently in effect. Water lines are available to the applicant's property line, or the applicant has made satisfactory arrangements to extend the lines.

SIGNATURE OF SYSTEM MANAGER

DATE

