**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**: $80.00
   
   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**

LANI MCKEY (509) 422-7395
APPLICATION FOR DETERMINATION OF WATER ADEQUACY
Fee: $80.00

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 $80.00 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. _____ Qty. _____

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

REASON FOR APPLICATION (CHECK ONE)
☐ For Building Permit Approval?
☐ YES ☐ NO
☐ Land Use Application

Name: ____________________________ Type: ____________________________

□ Yes ☐ No

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 sytem 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

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PART 2-B: INDIVIDUAL WELL

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<thead>
<tr>
<th>WELL DEPTH:</th>
<th>FT.</th>
<th>WELL CAPACITY</th>
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<td>GALLONS/MINUTE</td>
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☐ Well log is attached to this application  OR

☐ Well capacity test results are attached to this application

Note: Well capacity tests are often performed by the well driller at the time the well is constructed. Test results from these tests are noted on the well log. Results from these tests will be accepted by the Health District. If a well log cannot be located by the applicant, a well capacity test must be performed by a licensed contractor. Baler or pump tests are acceptable, provided stabilization of draw-down has been measured and recorded.

PART 2-C: INDIVIDUAL SPRING OR SURFACE WATER

☐ WDOE permit is required and attached to this application  OR

☐ No WDOE permit is required and the following statement justifies its adequacy:

I have reason to believe the spring proposed as the water source will supply adequate water for its intended purpose. This belief is based on the following observation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

AUTHOR OF STATEMENT: ____________________________  DATE: ____________

RELATIONSHIP TO APPLICANT:

Note: In addition to providing the above statement, the applicant will need to arrange an on-site inspection by the health district prior to determination of adequacy.

PART 3: HEALTH DISTRICT EVALUATION (HEALTH DISTRICT USE ONLY)

☐ SATISFACTORY DETERMINATION: Applicant’s water supply appears adequate in quantity to meet needs of its intended use.

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.

☐ UNSATISFACTORY DETERMINATION: Applicant’s water supply does not appear adequate to meet its intended use for the following reason (s):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

__________________________________________  DATE

HEALTH INSPECTOR’S SIGNATURE