



Okanogan County Public Health District

1234 2nd Avenue South
Okanogan, WA 98840
(509) 422-7140

[www.okanogancounty.org / government / public_health](http://www.okanogancounty.org/government/public_health)

Determination of Water Adequacy *Process Summary*

To complete this application process, submit the following items to the Okanogan County Public Health District (OCPHD):

- ✓ Completed application with non-refundable fee
- ✓ Water test results: Coliform and Nitrate
- ✓ Required additional documents as listed below

IMPORTANT DETAILS!

- **The required Coliform and Nitrate water tests are not included in this application fee¹**
Coliform and Nitrate water quality tests can be performed by the OCPDH's accredited water laboratory for \$35.00 per water test type. These tests can be conducted at any other state-certified laboratory.
- WAC 173-160 prohibits the placement of any new well within 100 feet of a known source of contamination.
- If Applicant is not the Land/Property Owner, a signed Land/Property Owner Consent form must be included with this application. https://www.okanogancounty.org/government/public_health/public_health_forms.php#outer-883

The location of the well must be reviewed and approved by the Okanogan County Office of Planning & Development for compliance with zoning, shoreline, subdivision and critical area regulations. **An approved Site Plan review from the Okanogan County Office of Planning & Development must be obtained *BEFORE* your well is drilled!**

For Public Water Systems:

1. Section 3-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 Department of Health (WA DOH) as a Public Water System.
3. **AND** -- Copy of a satisfactory Coliform bacteria test (less than 1 year old)
4. **AND** -- Copy of a satisfactory Nitrate test (less than 3 years old)

For Private (Individual) Water Sources:

Section 3-B of the application must be complete with the following additional documents attached:

1. Proof of the capacity of the water source such as:
 - Copy of a water well report or Well Log (see information below²), or
 - Copy of a pump test (2-hour minimum duration), or
 - Copy of a water right on the water source
2. **AND** -- Copy of a satisfactory Coliform bacteria test (less than 1 year old)
3. **AND** -- Copy of a satisfactory Nitrate test (less than 3 years old)

¹ Water Testing Information can be found on the OCPHD website at

https://www.okanogancounty.org/departments/resources/water_testing_information.php

² A water well report or Well Log should be supplied by the well driller, however a copy may also be found by

↗ Visiting the Washington State Department of Ecology (WDOE) database at <http://apps.ecy.wa.gov/welllog/> to perform a search for your well and print the Well Log

↗ Calling the WDOE Central Regional Office at (509) 575-2490 and request a copy sent to you

We recommend reading through this application packet before filling it out. This application is intended as a guide and may not answer all your questions. If you have questions regarding the application process, please call the Okanogan County Public Health District at (509) 422-7140.



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Determination of Water Adequacy Fee: \$85.00

For OCPHD Use Only
346.22.52.04

Date rcvd: _____

Amt paid: _____

Type: \$\$ CC ✓# _____

Receipt # _____

Application Instructions:

1. Part 1 must be completed in full before a determination can be made.
2. Complete Part 3-A for a Public/Community Water System or complete Part 3-B for an Individual Well.
3. Submit completed application, fee, and required documents as listed in the application Process Summary.

Part 1 : APPLICANT INFORMATION

PROPERTY OWNER: *(Required)*

Name: _____

Mailing Address: _____

Phone: _____ Alt Phone: _____

City _____ State _____ Zip Code _____

Email Address: _____

APPLICANT: *If Applicant is different than Property Owner, attach a Land / Property Owner Consent form or note of permission from legal property owner.*

Same as Property Owner

Name: _____

Mailing Address: _____

Phone: _____ Alt Phone: _____

City _____ State _____ Zip Code _____

Email Address: _____

Signed by: *(Pick ONE)* >>> Property Owner **or** Applicant

Part 2: SITE INFORMATION

Parcel ID / Number: _____

Lot Number: _____

Subdivision *(if applicable)* _____

Type of Water System:

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

Reason for Application:

- For Building Permit Approval? No Yes
- Land Use Application? No Yes

If "Yes":

Name: _____

Type: _____

PART 3-A: PUBLIC WATER SYSTEM

Copy of <1 yr old satisfactory Coliform test attached

Copy of <3 yr old satisfactory Nitrate test attached

Name of Water System: _____ WFI ID: _____

- The water purveyor for this system has previously filed a certificate of water adequacy with the Okanogan County Public Health District (OCPHD).
- I am the manager of the above referenced water system. The water system has Washington State Department of Health (DOH) approval for _____ service connections, with _____ connections presently in use.

The Home/Property Owner has approval to connect to this water system. Service of water to this property/parcel 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 parcel's property line, or this Applicant or Home/Property Owner has made satisfactory arrangements to extend the lines.

Signature of System Manager _____ Date _____

PART 3-B: INDIVIDUAL WELL

- Copy of <1 yr old satisfactory Coliform test attached
- Copy of <3 yr old satisfactory Nitrate test attached

Well Depth: _____ feet **Well ID Number:** _____ **Well Capacity:** _____ Gallons / Minute

- Well log is attached to this application,
or
- Well capacity test results are attached to this application

NOTICE! Well Capacity Tests are often performed by the well driller at the time the well is constructed. Results from these tests are noted on the Well Log. Results from these tests will be accepted by the Okanogan County Public Health District (OCPHD). 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 3-C: INDIVIDUAL SPRING OR SURFACE WATER

- Washington State Department of Ecology (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: _____

NOTICE! In addition to providing the above statement, the applicant will need to arrange an on-site inspection by the OCPHD prior to determination of adequacy.

NOTICE! This Determination of Water Adequacy does **not**:

- determine legal availability to use water source,
- 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 Signature _____ **Date** _____

PART 4: DETERMINATION OF WATER ADEQUACY

***** OCPHD OFFICE USE ONLY *****

SATISFACTORY DETERMINATION -- Home / Property Owner's water supply appears adequate in quantity to meet needs of its intended use.

Satisfactory WDI App # _____

UNSATISFACTORY DETERMINATION -- Home / Property Owner's water supply does not appear adequate to meet its intended use for the following reason(s):

Environmental Health Specialist / Inspector signature _____ **Date** _____