



WATER AVAILABILITY FORM

PRIVATE WATER SUPPLY

WELL

1 Connection or 2 Connections

WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

Applicant Information:

Applicant/Owner(s): Phone: Address: City: State: Zip: Contact Person: Phone: Email and/or Alternate Contact:

Property Information:

Tax Parcel Number (twelve digit number): 2ND Tax Parcel Number (if 2 connections): Project Type (check one): Single Shared (2) ADU (2) Commercial (1 or 2) Plat (1 or 2) Address of Project: Building Permit Number: Plat Name: Lot: Well Location (if different) Tax Parcel Number:

Document Checklist:

See Instructions for more information on required application documentation.

- 1. Public Water Denial Form, if applicable. 2. Well Site Inspection. 3. Legal Water Availability Documentation. 4. Water Well Report (well log) and Ecology Well Tag Number: 5. Water Quality Tests: Bacteriological date Inorganic Chemicals date 6. Current site plan drawn to scale on 8 1/2 x 11 inch paper. 7. Recorded Covenant(s) and Shared Well Agreement, if applicable.



I certify that I am the owner or authorized representative of the above noted property. I have read and examined this application and attachments and know the same to be true and correct. I understand that nothing in this approval shall be construed as satisfying other applicable federal, state, or local statutes, ordinances or regulations and that information submitted is subject to the Public Records Act RCW 42.56.

Sign: Print: Date:

For Health Department Use Only:

Confined Aquifer: Yes No Unknown Sanitary Control Area: 50ft 100ft Radius

Information for Applicant:

Arsenic EDB/1,2-DCP Fluoride Lead Nitrate Sodium/Chloride

Approved Denied Date:

WCHD Approval Expires:

By: Comments or Conditions:

Notify Via: Email Phone Mail

The subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with ch 58.17 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.



WATER AVAILABILITY FORM
PRIVATE WATER SUPPLY
WELL

WHATCOM COUNTY
HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Instructions:

Please read the following information on how to obtain Water Availability approval for a 1 or 2 connection private water supply well. The applicant must document an adequate supply of potable water in terms of quality, quantity and legal availability. Submit the **original (copies are not accepted)** signed Water Availability Form (WAF) and one of each document required on the application checklist, to Whatcom County Health Department (WCHD) for review per Whatcom County Code 24.11.

The approved WAF expires three years after the earliest water testing date. **Please allow at least 1 week for the review process.**

APPLICABILITY:

WCHD approval of Water Availability **may not** be required if the building project:

- Does not include plumbing for potable water, **or**;
- Is a remodel or addition of an existing building, **or**;
- Is a replacement of a demolished or removed building **or**;
- Does not result in a change of use.

Contact Whatcom County Planning & Development Services (PDS) for more information on applicability at 360-778-5900.

1. PUBLIC WATER DENIAL

The applicant must first determine if the project can be served by a Public Water System (PWS) per Whatcom County Code 24.11 and the Whatcom County Coordinated Water System Plan. If the PWS has connections available and is willing to provide water, the applicant **must** connect to the PWS when any one or more of the following apply:

- a. The applicant proposes to use spring water, rainwater or contaminated ground water **or**,
- b. The applicant proposes to build on a lot in a short subdivision or long subdivision that was approved based on the availability of public water per PDS **or**,
- c. The existing PWS has distribution lines adjacent to the project property **or**,
- d. The project property is within the PWS Service Area Boundary as defined in accordance with the Whatcom County Coordinated Water System Plan.

If the PWS **does not** have connections available or is **unable** to provide public water to the project, the applicant **must** obtain a signed Public Water Denial form from the PWS. Submit the **original** Public Water Denial form, signed by the PWS Authorized Representative, with the Water Availability Application to the WCHD. Contact WCHD for more information on the location of PWS service area boundaries.

2. WELL SITE INSPECTION

An approved WCHD well site inspection is required for ALL private water supply wells. Submit a well site inspection application and fee to WCHD and you will be contacted to set up an appointment for a site visit. The well site inspection is to verify the location of the well, check to see that well construction meets the minimum well construction standards in WAC 173-160 and identify any potential sources of contamination within the sanitary control area.

3. LEGAL WATER AVAILABILITY DOCUMENTATION

According to WCC 24.11, in order to use a permit-exempt well for a building permit, the applicant must provide documentation of legal water availability or evidence that the project will not impair any senior water right, including instream flows per WAC 173-501. Provide one or more of the following with your WAF application:

- a. A document showing that the location of the well is in the Samish River watershed, or in Point Roberts, or Eliza Island, or Lummi Island.
- b. A Water Right Permit or Certificate from the Department of Ecology.
- c. A study by a WA State licensed hydrogeologist demonstrating that the proposed well would not impair any senior water right, including instream flows.
- d. A mitigation plan prepared by a WA State licensed hydrogeologist demonstrating that the proposed well, with mitigation, would not impair any senior water right, including instream flows.

Review of legal water availability documentation may require a third party review. The cost of the third party review will be at the expense of the applicant.

4. WATER WELL REPORT AND CONSTRUCTION OF WELL

Obtain a Water Well Report (well log) from the Department of Ecology (Ecology) and submit with the WAF Application. The well construction **must** be in compliance with Ecology's Minimum Well Construction Standards in WAC 173-160. Contact Ecology for more information on obtaining a well log at 360-715-5200.

If a copy of the original well log cannot be found, a licensed well driller must inspect the well and make a report addressing to what extent the well is in compliance with WAC 173-160.

If the well is found to **not** meet the well constructions standards or the well driller is unable to determine if the well is in compliance with WAC 173-160, then **the well may not be able to be approved for the project**. A new well may be required and the old well decommissioned by a licensed well driller per WAC 173-160.

WATER QUANTITY REQUIREMENTS AND STORAGE RESERVOIRS

Well yield test results are listed on the well log and must be conducted for a minimum of one hour using a bailer, air lift, or pump. If the yield is less than 8 gallons per minute, a longer test may be required. If the yield test results are less than 1 gpm, a dry season pump test is required.

1 – Connection Well

A 1-connection well, for a single family residence, must produce at least 400 gallons per day. **If the well yield is less than 4 gpm, at least 400 gallons of water storage is required.**

2 – Connection Well

A 2-connection well, for two single family residences, must produce at least 800 gallons per day. **If the well yield is less than 8 gpm, at least 800 gallons of water storage is required.** The 2 property owners have the option for one 800 gallon reservoir or two individual 400 gallon reservoirs.

Storage Reservoir Requirements

Reservoir plans must be submitted with the WAF Application. Reservoir plans must include location, size, materials, and a schematic drawing of the installation. Reservoir materials, other than concrete and steel, must be approved by EPA, FDA, or NSF for contact with potable water.

All reservoirs must be installed with at least the upper portion of the tank above grade. The tank must be sealed so that inspection ports and lid seams are not subject to surface water infiltration and contamination from pests or debris entering the reservoir.

Commercial Well

Well yield requirements for commercial applications may vary depending on the type of commercial operation. Contact WCHD for more information.

5. WATER QUALITY REQUIREMENTS

All tests must be conducted by a laboratory certified by the Washington State Department of Health. See WCHD for a list of local certified laboratories.

The following **water quality tests must be less than three years old** when submitted for WAF approval:

Bacteriological:

A water sample must be collected prior to any treatment device that includes a disinfectant such as chlorine, UV light, or ozone. Water must have no detectable chlorine residual when collected for analysis. Satisfactory results are reported as absent of coliform bacteria.

Inorganic Chemicals:

A water sample must be analyzed for arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver, fluoride and nitrate. Samples must be collected prior to any treatment device. If water sample test results indicate that any Maximum Contaminant Level (MCL) is exceeded, contact the WCHD for more information on options for water treatment system approval.

Other Contaminants:

The WCHD may require additional water sampling deemed significant based on local trends in water quality and the vulnerability of the source to known or suspected water quality problems. For example: the WCHD may require tests for pesticides if your well is located within the Ecology Study Sites (roughly the Bertrand Creek and Northwood Road areas). The required water tests in this area are for ethylene dibromide (EPA method 504) and 1,2 dichloropropane (EPA method 524.2). A map of the study areas is available at the WCHD.

The WCHD recommends that well water also be tested for chloride, iron, manganese, sodium, sulfate, copper, and zinc which may cause corrosion or staining of fixtures or clogging of water pipes. In addition, some of these chemicals may be of significance to individuals with known medical problems.

6. SITE PLAN AND LOCATION OF WELL SANITARY CONTROL AREA

Submit a site plan on 8 1/2 x 11 inch paper, drawn to scale. Show the location of the well and a 100 ft. radius around the well site, called the sanitary control area (SCA). Show the location of buildings and distances from the well to property lines, septic tank, drainfield and indicate all potential sources of contamination. Potential contamination sources include, but are not limited to: property not controlled by the well owner, septic drainfields, underground fuel tanks, pesticide and herbicide storage and application areas, surface water such as lakes and streams, and roads. Driveways accessing one or two properties are permitted within the SCA.

No wells shall be located within 1,000 ft. from the property line surrounding any active or closed solid waste landfill or within 100 ft. of a septic drainfield or within 200 ft. of a manure lagoon or sewage lagoon.

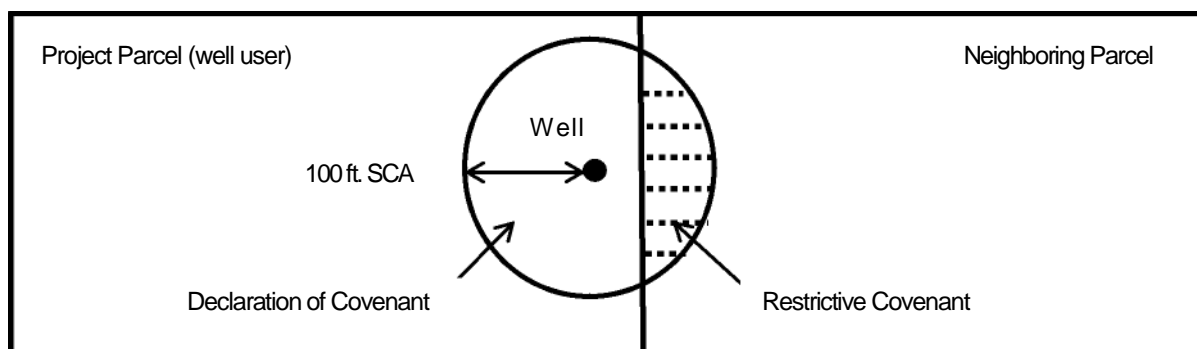
7. RECORDED COVENANTS AND SHARED WELL AGREEMENT

For wells constructed after October 1, 1990, a Restrictive Covenant must be signed, notarized, and recorded at the Whatcom County Auditor's office establishing the 100 ft. SCA around the well that is located on any **other** parcel that does not belong to the well user. Please refer to the figure below for more information.

An **Accessory Dwelling Unit** located on the same parcel as the other well user, does not require a Shared Well Agreement or a Declaration of Covenant, a Restrictive Covenant might still apply.

A **Declaration of Covenant** is a document, which establishes the SCA around the well on property owned by the user of the well, and is required for commercial and 2 connections wells.

A **Restrictive Covenant** establishes the SCA on property that is owned by someone other than the user of the well (see example below). For a Restrictive Covenant, the owner(s) of the neighboring parcel are the Grantor(s) and the owner(s) of the well on the project parcel are the Grantee(s).



All Covenants must be signed, notarized, and recorded with the Whatcom County Auditor. Please see WCHD for example covenant documents.

SHARED WELL AGREEMENT

Wells shared by 2 residences, projects or parcels must submit a Shared Well Agreement with the Water Availability application. The agreement must be signed, notarized, and recorded with the Whatcom County Auditor. See WCHD for specific guidelines and an example Shared Well Agreement.

Additional Information

VARIANCE REQUEST

An applicant may submit a Variance Request application and fee requesting a variance from the provisions of the Whatcom County Drinking Water Ordinance 24.11. Upon review, WCHD **may** approve a variance when the result of the variance meets the purpose and intent of the ordinance and the variance will not create a health hazard. Contact the WCHD for more information on the application process to request a variance



**WATER AVAILABILITY FORM
PUBLIC WATER SYSTEM
*DENIAL***

**WHATCOM COUNTY
HEALTH DEPARTMENT**
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Applicability:

This form is for new land use applications where the project parcel is located within the service area boundary of a public water system (PWS) or the within 1/2 mile of an existing PWS. According to Whatcom County Code 24.11 and the Coordinated Water System Plan, the applicant must first attempt to obtain water service from an existing PWS. If a PWS is **unable** to provide water service, complete and submit this form with original signatures (copies are not accepted) to WCHD with your Water Availability Form application.

Applicant Information:

Property Owner(s): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Email and/or Alternate Contact: _____

I certify that I am the owner or authorized representative of the below noted property. I have examined this form and know the same to be true and correct. I understand this form expires three years from the date of water system authorized representative signature and that information submitted is subject to the Public Records Act RCW 42.56.

Sign: _____ Print: _____ Date: _____

Property Information:

Tax Parcel Number (12 digit number): _____
Project Type (check one): Single Multi-Family ADU Commercial Plat
Address of Project: _____
Building Permit Number: _____ Plat Name: _____ Lot: _____

Certification of DENIAL of Public Water:

This Section to be Completed by the Public Water System Authorized Representative

Public Water System Name: _____ DOH ID#: _____
This PWS is currently unable to supply water to the above listed parcel for the noted land use application.
This form expires three years from the date of water system authorized representative signature.

I certify that I am an authorized representative of the above PWS. I understand that information submitted is subject to the Public Records Act RCW 42.56.

Sign: _____ Print: _____ Date: _____
Title: _____ Address: _____ Phone: _____

For Health Department Use Only:

Received Date: _____ Expires: _____

By: _____

Comments or Conditions: _____



WELL SITE INSPECTION
PRIVATE WATER SUPPLY
APPLICATION Fee: \$315.00

WHATCOM COUNTY
HEALTH DEPARTMENT
509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

An approved well site inspection is required for ALL private water supply wells per Whatcom County Code 24.11. The inspection is to verify the location, well construction per WAC 173-160 and identify potential sources of contamination. Do not drill a new well until the site has been approved by the WCHD. A well in an unapproved location may be required to be decommissioned. Approval expires three years from the inspection date.

- 1. Submit a site plan drawn to scale on 8 1/2 x 11 inch paper. Mark the location of the well site with a 100 ft. radius around the well. Label the distances from the well to buildings, property lines, septic tank, drainfield and any other potential source of contamination within a 100 ft. of the well site.
2. Include a Water Well Report (well log) for existing wells. Well Tag #:
3. Clearly stake or flag the well site location and clear access to the well site (brush cutting as needed).
4. The owner or an authorized representative is required to attend the inspection.

Applicant Information:

Applicant/Owner(s): Phone:
Address: City: State: Zip:
Contact Person: Phone:
Email and/or Alternate Contact:

Property Information: [] New Well Site [] Existing Well

Tax Parcel Number (twelve digit number):
2ND Tax Parcel Number (if 2 connections):
Project Type (check one): [] Single [] Shared (2) [] ADU (2) [] Commercial (1 or 2) [] Plat (1 or 2)
Address of Project:
Building Permit Number: Plat Name: Lot:
-> Well Location (if different) Tax Parcel Number:

I certify that I have read and examined this application with attachments and know the same to be true and correct. I understand that nothing in this approval shall be construed as satisfying other applicable federal, state, or local, statutes, ordinances or regulations and that information submitted is subject to the Public Records Act RCW 42.56.

Sign: Print: Date:

For Health Department Use Only: GPS Coordinates:

Notes:

- [] Well Site Approved when the following conditions are met:
[] Evidence of Legal Water Availability.
[] Declaration of Covenant. [] Restrictive Covenant for Sanitary Control Area on adjacent parcel(s).
[] Denial of Public Water from:
[] Approved Variance Request for:
[] Other:
[] Denied for:

Environmental Health Specialist: Expiration Date:

The subdivision/building permit is located in an area that is governed by chapter 173-501 WAC and in which instream flows are not met and/or are subject to closure. In compliance with ch 58.17 RCW/RCW 19.27.097 the County has determined adequate potable water is available for this subdivision/building permit on the basis of evidence supplied by the Applicant. Other authorities, including courts of competent jurisdiction and the Department of Ecology, exercise jurisdiction over water resources in the state of Washington. Those authorities may determine that the proposed source of water for this project identified by the Applicant is not a valid water right appropriation or is subject to curtailment or seasonal restrictions on availability that could impact its reliability for the intended use. The County's issuance of this subdivision/building permit should not be relied upon by the Applicant or any successor in interest as an assurance, warranty or guarantee of the future availability of water to serve the subdivision/building permit.

RETURN DOCUMENT TO:

Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.

**DECLARATION OF COVENANT
1 OR 2 CONNECTION PRIVATE WATER SUPPLY WELL**

GRANTOR: _____

GRANTEE: _____

TAX PARCEL #: _____

TAX PARCEL # (IF 2 CONNECTION): _____

The grantor herein is (are) owner(s) of (an interest in) the following described real estate situated in Whatcom County, State of Washington, to-wit: _____

On which the grantor owns and operates a well and waterworks supplying water for private use located on said real estate, to-wit: (pinpoint the accurate location of the well site. For example: 125 feet north of the south property line and 100 feet east of the west property line)

Said grantor is required to keep said well or waterworks potable.

It is the purpose of these grants and covenants to prevent certain practices hereinafter in the use of the said grantors land which might contaminate said water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor its (their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor and within _____ feet (50 feet or 100 feet; if not filled out assumed to be 100 feet) of the well on the land of the grantor any potential source of contamination (per Whatcom County Drinking Water Ordinance 24.11 and WAC 173-160) including but not limited to any road, easements for ingress or egress, cesspool, sewer main, privy, septic tank, drainfield, manure pile, manure lagoon, garbage of any kind or description, barn, chicken house, rabbit hutch, pigeon, or other enclosure or structure for the keeping of fowl or animal, storage of liquid or dry chemical, application or storage of herbicides or pesticides, ponds, lakes or any other item that may have the potential for adversely affecting the quality of the water.

These covenants shall run with the land and shall be binding on all parties having or acquiring the right, title or interest in the land described herein or any part thereof, as long as said well or waterworks is used for the purpose of supplying potable water.

WITNESS my hand this _____ day of _____, 20____.

Grantor(s)

State of Washington)
County of Whatcom)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _____ day of _____, 20____, personally appeared before me _____ to me known to be the individual described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington
Residing at: _____

RETURN DOCUMENT TO:

Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

Use dark black ink and print legibly. Documents not legible will be rejected per RCW.

RESTRICTIVE COVENANT for 1 OR 2 CONNECTION PRIVATE WATER SUPPLY

GRANTOR: _____

GRANTEE: _____

TAX PARCEL #: _____

TAX PARCEL # (IF 2 CONNECTION): _____

The grantor(s) herein is (are) owner(s) of (an interest in) the following described real estate situated in Whatcom County, State of Washington, to-wit: (neighbor's legal, parcel number, and address)

The grantee(s) herein, is (are) the owner(s) in fee simple of (an interest in) the following real estate situated in Whatcom County, State of Washington, to-wit: (neighbor's legal, parcel number, and address) _____

on which the grantee owns and operates a well and waterworks supplying water for private use located on said real estate, to-wit: (Example: well location 125 feet north of south property line and 100 feet east of west property line) _____

which well and waterworks is in close proximity to the land of the grantor, and said grantee is required to keep the water supplied from said well or waterworks potable.

It is the purpose of these grants and covenants to prevent certain practices hereinafter in the use of the said grantors land which might contaminate said water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) with the grantee(s), its successors and assigns, said covenants to run with land for the benefit of the land of the grantee(s), that said grantor(s), its (their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor's and within _____ feet (if not filled out assumed to be 100 feet) of the well on the land of the grantee(s) any potential source of contamination (per Whatcom County Drinking Water Ordinance 24.11 and WAC 173-160) including but not limited to any road, sewer main, privy, sewage or manure lagoon, railroad tracks, manure pile, drainfield or any other receptacle for the disposal of sewage, storm water facility, underground fuel tank, structure for the storage of liquid or dry chemicals, application or storage of herbicides or pesticides, ponds, lakes or any other item that may have the potential for adversely affecting the quality of the water.

These covenants shall run with the land and shall be binding on all parties having or acquiring any right, title or interest in the land described herein or any part thereof, as long as said well or waterworks is used for the purpose of supplying potable water.

WITNESS my hand this _____ day of _____, 20____.
_____ Grantor(s)

State of Washington)
County of Whatcom)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this day of _____, 20____, personally appeared before me _____ to me known to be the individual described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington
Residing at: _____



WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Certified Labs in Whatcom County **Certified by State of Washington**

The following laboratories are certified by the Washington State Department of Ecology. Please contact the laboratory to verify correct sampling processes and associated fees.

Edge Analytical Inc. – Bellingham
805 W. Orchard Street, Suite 4
Bellingham, WA 98225
(360) 715-1212
(800) 755-9295

Exact Scientific Services, Inc.
1355 Pacific Place Suite #101
Ferndale, WA 98248
(360) 733-1205

Please note, this list of laboratories is for Whatcom County only.

A complete list of State Certified Laboratories is available on the Department of Ecology's website at: <http://www.ecy.wa.gov/programs/eap/labs/search.html>