



**WHATCOM COUNTY
HEALTH DEPARTMENT**
509 Girard Street
Bellingham, WA 98225
Phone (360) 676-6724

2

WATER AVAILABILITY NOTIFICATION TO OBTAIN A BUILDING PERMIT NON-GROUP B – 2 HOME WELL

SECTION ONE – APPLICABILITY:

Environmental Health approval of this form is NOT required if your building project:

- ❖ Does not include plumbing for potable water, or;
- ❖ Is a residential remodel or addition, which does not add additional bedroom(s) or results in an increase in floor space of more than 50% or;
- ❖ Whatcom County Planning & Development Services determines that the building will replace a demolished or removed building and the building will not have more bedrooms or more than 50% greater floor space than the previous building.

SECTION TWO – INSTRUCTIONS:

Please read the attached information carefully for full instructions on how to proceed with obtaining private well approval. Please submit this form and one copy of each document required to Whatcom County Health Department for review and approval.

Please allow at least 1 week for the approval process. This information will be kept on file at the Environmental Health Division. A well site inspection by this office must be completed and approved for both new and existing wells prior to submitting this form. All well site inspections must be done prior to drilling new wells. **The documents required are:**

1. Water Availability Notification (this form).
2. Well site inspection approval (application attached)
3. Satisfactory bacteriological test results less than 3 years old.
4. Satisfactory inorganic chemical test results less than 3 years old.
5. Water well report (well log) signed by driller, including yield test.
6. Current site plan, using 8 1/2 x 11 paper, (**drawn to scale**) showing well location, 100' sanitary control area around the well, and distances from the well to the property lines, underground fuel storage tanks, drainfields, chemical application areas, creeks and any other potential source of contamination, including those on neighboring properties.
7. Declaration of covenant and/or restrictive covenant, if applicable, for sanitary control area around well. (See instructions). These documents must be *signed, notarized and recorded prior to submittal*.
8. Shared well agreement, *signed notarized and recorded prior to submittal*.

SECTION THREE – APPLICATION:

Building Permit Applicant's Name _____

Current Mailing address _____

City _____ State _____ Zip _____ Phone _____

Project Type (check one): Single Family Residence ADU Commercial Plat

Tax Parcel Number (proposed home) _____

Shares with Tax Parcel _____ Well Tag Number _____

Address (Proposed Home) _____

✓ Is the well located on a different lot? If yes, Tax Parcel Number _____

✓ Was this lot created by a subdivision? If yes, Subdivision name _____ Lot _____

✓ Is application for plat approval? If yes, plat name and lot # _____ Lot _____

I certify that the attached water sample analyses and water yield results were obtained from the proposed source.

Signature _____ Print Name _____ Date _____

APPROVAL:

Confined Yes No Unknown

Sanitary Control Area 50' Radius 100' Radius

Approved

Denied Date _____

See attached information on:

Arsenic EDB/1,2-DCP Fluoride

Nitrate Sodium/Chloride Other _____

Mail to _____

By _____

Whatcom County Health Department

Approval Expires _____

Call when ready _____

Comment _____

WHATCOM COUNTY WATER AVAILABILITY CHECKLIST FOR TWO PARTY NON-PUBLIC WATER SYSTEMS USING A WELL

ALTERNATIVE SOURCE EVALUATION

- (1) The applicant must determine if their property can be served by a Public Water System (PWS). If a PWS has connections available and is willing to provide water, the applicant must connect to that public water system when any one or more of the following apply:
- (a) The applicant proposes to use spring water, or contaminated ground water or,
 - (b) The applicant proposes to build on a lot located in a short subdivision or long subdivision that Whatcom County approved based on the availability of public water or,
 - (c) The existing Public Water System has transmission lines adjacent to the property line of the applicant or,
 - (d) The existing Public Water System has defined a "Service Area Boundary" in accordance with the Whatcom County Coordinated Water System Plan, which includes the property of the applicant.

WATER RIGHT PERMIT

A water right permit is required from the State Department of Ecology for groundwater withdrawals of more than 5000 gallons per day OR irrigation of more than 1/2 acre of lawn or non-commercial garden.

WELL SITE APPROVAL

A well site inspection by this office must be completed and approved for both new and existing 2-party wells prior to submitting this form. All well site inspections must be done prior to drilling new wells.

WATER QUALITY REQUIREMENTS

NOTE: It may be advisable, especially if a water well report signed by a licensed driller is not available, that you determine whether the well meets the well construction standards referenced below, before proceeding with water quality testing, in order to avoid unnecessary expenses.

The following test results must be obtained and submitted to the Health Department for approval. All testing must be conducted by a laboratory certified by the Washington State Department of Health. A list of laboratories in this area is attached.

- [] **Bacteriological:** A water sample must be taken and analyzed for total coliform bacteria within three years of the application date. Samples 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 require that no coliform bacteria be present. Contact the Health Department concerning unsatisfactory results.

- [] **Inorganic:** A water sample must be taken within 3 years of the application date and 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 analyses indicates that any Maximum Contaminant Level (MCL) is exceeded, please submit the results and our office will contact you.

- [] **Pesticides:** Sources located within the State Department of Ecology Study Sites A and B (roughly the Bertrand Creek and Northwood Rd areas) shall submit water test results for ethylene dibromide (EPA method 504) and 1,2 dichloropropane (EPA method 524.2). A map of these areas is available at the Health Department.

- [] **Other Contaminants:** The Health Department also recommends that the applicant test the water for chloride, sodium, iron, manganese, 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.

If a Maximum Contaminant Level is exceeded please contact the Health Department for information regarding recommended action or treatment system approval.

The Director 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.

CONSTRUCTION OF WELL

- [] Submit a copy of the driller's Water Well Report (well log). The well construction must be in compliance with the State Department of Ecology's Minimum Well Construction Standards WAC 173-160. You can contact the well driller directly or the State Department of Ecology at (360) 738-6250. You may also search for well logs at the State Department of Ecology's web site: apps.ecy.gov/wa/welllog.
- [] If no original Water Well Report can be obtained and the well is a "drilled" 6" or 8" diameter steel casing, then the owner or a licensed driller must complete a Water Well Report form, (blank attached), to the best of their ability.
- [] If no original Water Well Report form can be located **AND** the well is driven, jetted, or dug (as defined in WAC 173-160) then a licensed well driller must inspect the well and make a report to the Health Department addressing to what extent the well is in compliance with WAC 173-160.

WATER QUANTITY REQUIREMENTS

- [] Well yield test results must be conducted for a minimum of one-hour using a bailer, airlift, or pump. If the yield is less than 7 gallons per minute, a longer test is required. The test duration must be the length of time necessary to produce 800 gallons per day for both single-family residences. Yield test results are typically listed on the Water Well Report (well log).
- [] Plans for a reservoir must be submitted to the Health Department for approval if the source cannot provide for peak household flows. When 2 residences are to be served, a reservoir is required when the well yield is less than 8 gpm and there is substantial drawdown.

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 so that inspection ports and lid seams are not subject to surface water infiltration. All inspection ports, seams and pipe inlets and outlets must be sealed to prevent debris from entering the reservoir.

LOCATION OF WELL AND SANITARY CONTROL AREA

- [] Submit plot plan showing well location and distances from the well to property lines and potential sources of contamination within a 100' radius of the well. Potential contamination sources include, but are not limited to: property you do not control, septic drainfields, underground fuel tanks, pesticide and herbicide storage and application areas, surface water such as lakes and streams, and roads. Well setback from the above items may be reduced to 50' for wells that obtain water from underneath a poorly permeable layer at least 6' thick. However, no wells shall be located within 1,000' from the property line surrounding any active or closed solid waste landfill or within 100' of a septic drainfield or within 200' of a manure lagoon or sewage lagoon. Please submit this information with your two party well application.

This drawing must be to scale and show the location of the well and the location of the house it is to serve. Also, include a circle defining the sanitary control area drawn to scale. A sanitary control area is a circular area around a well where certain activities are restricted in order to protect water quality.

DECLARATION OF COVENANT OR RESTRICTIVE COVENANT

A Declaration of Covenant or Restrictive Covenant must be signed, notarized and recorded at the County Auditor's office establishing a sanitary control area around the well on any adjacent parcel. A **Declaration of Covenant** is a document, which establishes a Sanitary Control Area (SCA) around the well on property owned by the user of the well. A **Restrictive Covenant** establishes that portion of a Sanitary Control Area on property that is owned by someone other than the user of the well.

SHARED WELL AGREEMENT

- [] Water sources shared by 2 residences or lots must submit a shared well agreement that has been signed, notarized, and recorded with the County Auditor. *Guidelines for the shared well use agreement are attached.* Easements for piping and access to the well must also be provided.

Accessory dwellings or temporary second dwellings located on the same parcel do not require a well use agreement, but must comply with all other water availability requirements.

Whatcom County Health Department
509 Girard Street • Bellingham, WA 98225
Phone (360) 676-6724 • Fax (360) 676-6771

WELL SITE INSPECTION APPLICATION FOR NON-PUBLIC WATER SYSTEMS

The purpose of this inspection is to determine compliance with setback requirements as outlined in applicable codes.

SITE INSPECTION FEE: \$150.00

IMPORTANT! Do not begin drilling any well until you are sure that you can obtain signatures on all necessary forms and have contacted any other agencies (or tribal governments) that may need to approve your project. If you need to change the location of your well site, the new site must be approved by the Health Department. *Any wells that are not in a pre-approved location may be deemed inappropriate for use.*

APPLICANT INFORMATION

Name of Owner _____ Phone _____

Mailing Address _____

Contact Person for Inspection _____ Phone _____

SITE PLAN You must attach a site plan, using 8 ½ x 11 paper, **drawn to scale** showing the following items: 1) well site, 2) all potential sources of contamination on the parcel of the well site. If the well is within 100 feet of another parcel, sources of contamination on the neighboring parcel must also be shown, and 3) a 100 foot radius around the well site identifying the sanitary control area. The well site must also be clearly staked and flagged prior to the site inspection.

WELL & SITE INFORMATION

N S E W Side of _____ Rd. _____ Miles N S E W of _____ Rd.

Is the well to serve vested (existing) lots or lots to be created by a new plat? (*check only one*)

2 Party Well on an existing lot and NOT a new lot on a proposed plat

Check one: new well existing well (provide well log, if available)

Well located on Tax Parcel # _____ Address _____

Well to Serve Tax Parcel # _____ and Tax Parcel # _____

1 or 2 Party Well on a Proposed Plat

Check one: new well existing well (provide well log, if available)

Have you submitted a Plat Application with Planning & Development Services? Yes No

Plat Name _____ Plat # _____

Parent Tax Parcel # (s) _____ Acreage of total area to be platted _____

Well located on lot # _____ of the proposed plat will serve lot # _____ (and lot # _____ if shared)

HEALTH DEPARTMENT USE ONLY BELOW THIS LINE

Inspection Date _____ Met on site with _____

Comments _____

APPROVED WITH CONDITIONS: (ONLY THOSE ITEMS CHECKED WILL APPLY)

____ A **Restrictive Covenant** will be required to establish a Sanitary Control Area on the adjoining parcel. This document must be signed by the owner of the adjoining parcel and recorded at the Auditor's Office.

____ Submit a completed **Water Availability** packet for each well (after wells are drilled & tested).

____ The well must be drilled through a confining layer to get a reduction of the Sanitary Control Area radius from 100 feet to 50 feet. If the confining layer is not present, a licensed well driller must decommission the well. The setback to an on-site sewage system drainfield is always 100 feet.

____ Submit **Denial of Service** forms from the following Public Water Systems in your area:

____ Submit a **Variance Request** form addressing the following issues: _____

____ *Other* _____

____ **DENIED** - Reasons: _____

Environmental Health Specialist

Date

Shared Well Agreement

This information is provided to assist you in developing a shared well agreement. Please remember that each situation is different and may require additional language to protect the interest of either party.

All shared well agreements must be signed, notarized and recorded with the county auditor. (Shared well agreements for short plats may be recorded with the final mylar.) The county auditor requires recorded documents to have a 3-inch margin on the top of the page and a 1-inch margin on the sides and bottom of the page for the first page. Additional pages need to have a 1-inch margin on all sides/ You may want to bring a copy of the shared well agreement to our office for review before you have it recorded to ensure it meets our specifications.

General information

- Describe the parcels or properties the well will serve by tax parcel number, street address, etc. Identify which property the well is on. Describe the well location on that property. (i.e. 100 ft from the north property line and 100ft from the west property line.)
- Future owners/heirs must have access to the well and associated water works.
- Designate ownership of the well and associated water works; or indicate that both parties will equally own the well and associated water works.
- If water service can be stopped to either party, an approved alternative source must be provided. A building permit may not be issued without an approved alternative source provision, if either party can stop water service.
- Describe payment of power cost.
- Detail the type of water use allowed by the parties. (Domestic, irrigation, etc.)
- Describe any conservation measures expected of the parties in the event of a water shortage.
- Establish access to correct an emergency situation in the absence of either party.
- Describe payment of emergency repair costs.
- Describe payment of repair costs of third party damage to the well or associated water works.
- Establish a time frame for payment of maintenance, operation, replacement or improvement costs.
- You may want to include the restrictive covenant in your shared well agreement. The restrictive covenant identifies and prohibits the construction or maintenance of potential sources of contamination within the 50 or 100 foot well protection zone.
- Consider binding arbitration of any dispute or impasse with regard to terms of the agreement. Describe payment of binding arbitration costs.

Maintenance

- Identify those responsible for maintaining repairing, or replacing well, pump house, common water works or individual pipelines.
- In the event each residence has their own pump and associated water works, establish responsibility for maintenance, repair, and replacement.

Easement for access to well site

- Describe the easement surrounding the well site and pump house for access, maintenance, replacement and repairs. i.e., 15-foot radius around the pump house and its location on the plot plan.
- Identify the parties who will be allowed access and detail purposes.
- Consider prohibiting landscaping or improvements which may impair the use of the easement.

Easement for water lines

- Describe the water line easement. Include location, width (15 or 20 feet), and purpose.
- Show the easement for the water lines on the plot plan.
- If common boundary fencing or walls exist, identify the parties who may remove and replace them.

Whatcom County Health Department Policy on Well Protective Zones and Roads
For Single Family Residences and Two Party Wells

For the purpose of this policy, our office defines a road as a public or private, gravel or paved, primary designated access route that serves more than one parcel. A driveway is an access route from an arterial or road to serve only one parcel. Driveways are not prohibited within the well protective zone.

Roads can be potential sources of contamination due to petroleum products typically found in road runoff, herbicidal weed control practices on shoulders, and the possibility of vehicle spills. Setbacks from roads are to be measured from the well casing to the nearest edge of the road easement.

The Whatcom County Drinking Water Ordinance (April 23, 2002) describes two sizes of well protective zones for wells serving one single-family dwelling. The purpose of establishing the well protective zone is to prohibit all potential sources of contamination that are not addressed in other regulations, such as the County's on-site septic system regulations and Ecology's minimum well construction standards.

A 100 ft. radius well protective zone is required for wells that do not have a minimum 6 ft. thick poorly permeable layer above the water bearing layer. Our office will permit a 50 ft. protective radius reduction if a poorly permeable layer greater than or equal to 6 feet is identified in the driller's log.

Road easements shall not be allowed within the 50 ft. or 100 ft. radius private well protective zone UNLESS:

- Topography or other site constraints make it unfeasible to maintain adequate setbacks between the proposed road location and well site.

OR

- The result of the following calculation is greater than +20 ft.:

Depth to bottom of highest confining layer: _____ ft.

Subtract (-)

Depth to static water level: _____ ft.

Result (=) _____ ft.

AND

- Mitigation measures such as ditching with culverts to divert road runoff outside the well protective zone and a road users agreement prohibiting herbicides for vegetation control along the road.
- **Include language on the face of the plat which does not allow the road to serve additional parcels in the future.**

After Recording, Return to:
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

**RESTRICTIVE COVENANT
PRIVATE OR 2 PARTY WATER SUPPLY**

GRANTOR: _____
GRANTEE: _____
LEGAL DESC.: _____
TAX PARCEL #: _____
TAX PARCEL # (IF 2 PARTY): _____

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: **(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: **(WELL OWNER'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: **(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)** _____

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, in consideration of One Dollar (\$1.00) in hand paid and other good and valuable consideration received by said grantor(s), the grantor(s) agree(s) and covenant(s) with the grantee, its successors and assigns, said covenants to run with land for the benefit of the land of the grantee, 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

Restrictive Covenant

_____ feet (50 feet or 100 feet; if not filled out assumed to be 100 feet) of the well on the land of the grantee 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 and egress, 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
Grantor

State of Washington)
County of Whatcom County)

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:_____

(SEAL or STAMP)

FILING:

Whatcom County Auditor (Recording Department)
311 Grand Avenue
Bellingham, WA 98225
(360) 676-6740

After Recording, Return to:
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

**DECLARATION OF COVENANT
PRIVATE OR 2 PARTY WATER SUPPLY**

GRANTOR: _____
GRANTEE: _____
LEGAL DESC.: _____
TAX PARCEL #: _____
TAX PARCEL # (IF 2 PARTY): _____

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 OF THE SOUTH PROPERTY LINE AND 100 FEET EAST OF THE WEST PROPERTY LINE)** _____

And 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,

Declaration of Covenant

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

Grantor

State of Washington)
County of Whatcom County)

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: _____

(SEAL or STAMP)

FILING:
Whatcom County Auditor (Recording Department)
311 Grand Avenue
Bellingham, WA 98225
(360) 676-6740



WHATCOM COUNTY HEALTH DEPARTMENT
LABORATORIES IN WHATCOM COUNTY
CERTIFIED BY THE STATE OF WASHINGTON
February 2007

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

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

Avocet Environmental Testing
1500 N. State Street, Suite 200
Bellingham, WA 98225
(360) 734-9033

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

Exact Scientific Services, Inc.
3929 Spur Ridge Lane, Suite 1
Bellingham, WA 98226
(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>