



WATER AVAILABILITY FORM
PRIVATE WATER SUPPLY
CONTAMINATED WELL
Application
FEE: \$126.00

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):

Project Type (check one): Single Family Home ADU

Address of Project:

Building Permit Number: Plat Name: Lot:

Document Checklist: See instructions for more information on required application documentation.

A. Design Approval (Building Permit Application)

- 1. Public Water Denial Form, if applicable.
2. Well Site Inspection.
3. Water Well Report (well log) Ecology Well Tag Number:
4. Water Quality Tests: Bacteriological date: Inorganic Chemicals date;
5. Current site plan drawn to scale on 8 1/2 x 11 inch paper.
6. Evaluation of Alternative Sources.
7. Water Treatment System Schematic.
8. Operations and Maintenance Plan.
9. Affidavit of Owner.
10. Affidavit of Water Treatment System Designer.

B. Final Approval (Occupancy)

- 11. Affidavit of Water Treatment System Installer.
12. Post Treatment Bacteriological Water Test Results. Date:

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:

A. Design Approval (Building Permit Application)

Approved
Denied Date:

By:

Design Approval Expires:

B. Final Approval (Occupancy)

Approved
Denied Date:

By:

Final Approval Expires:

Comments or Conditions:

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 chapter 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

Intake
Data
Notify



**WATER AVAILABILITY FORM  
PRIVATE WATER SUPPLY  
CONTAMINATED WELL**

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

**Instructions:**

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Please read the following information for instructions on how to obtain an approved Water Availability Form (WAF) using a contaminated well. Submit the original signed WAF application (copies are not accepted) and one of each document required on the document checklist, to Whatcom County Health Department (WCHD) for review per Whatcom County Code 24.11. **This is a two part application.** Section **A** is required for the initial building permit. Section **B** is required when the applicant is ready for occupancy. **Please allow at least 2 weeks for the initial review process.**

**IMPORTANT:** It is the specific intent of this application and approval process to place the obligation of complying with the requirements specified Operation & Maintenance Plan upon the owner or operator of the water system. No provision and no term used in this application is intended to impose any duty whatsoever upon the WCHD. The WCHD will simply act to receive the documents and information requested in these sections.

**Designer Qualification**

Qualified water treatment designers are water treatment professionals and professional engineers with experience in the design of drinking water treatment systems. Unless all components and materials used in the treatment system are certified by the National Sanitation Foundation (NSF), a WA licensed professional engineer must design the entire treatment system.

**APPLICABILITY:**

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

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

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

**A. Initial Approval (Building Permit)** – Items 1-10 must be completed to obtain a building permit.

**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 (CWSP). 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.
- 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.
- c. The existing PWS has distribution lines adjacent to the project property.
- d. The project property is within the PWS Service Area Boundary as defined in accordance with the CWSP.

**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. **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 360-255-4400.

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 specifications must be submitted with the WAF Application. Reservoir specifications 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.

#### **4. 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.

#### **5. SITE PLAN AND LOCATION OF WELL SANITARY CONTROL AREA**

Submit a site plan on 8 ½ 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.

#### **6. EVALUATION OF ALTERNATIVE DRINKING WATER SUPPLY**

The use of a contaminated well for a private water supply will be considered only if no other suitable drinking water source is available. Complete the Evaluation of Alternative Private Water Supply Worksheet and submit with your WAF application.

#### **7. WATER TREATMENT SYSTEM SCHEMATIC**

The treatment system must be designed as a whole house treatment system; all faucets must provide treated water.

All equipment and materials used in the treatment system must be certified by the most recent NSF Listings ([www.nsf.org](http://www.nsf.org)). Where NSF certified equipment or materials are not available to address contamination problems for a particular water supply, the WCHD may accept alternates designed by

a WA licensed professional engineer. Ultraviolet light disinfection systems must conform to State Department of Health Guidelines for Ultraviolet Water Treatment Systems.

**8. OPERATIONS AND MAINTENANCE PLAN**

The O&M Plan must be completed by the system designer and be written in clear language so that the homeowner understands the purpose of the treatment system and how to successfully operate the system. Outline the homeowner activities required to operate the system and ensure that treated water meets the quality standards for which the system was designed. Specify daily, weekly, monthly, and annual maintenance activities as needed. Include recommendations for routine water testing to ensure the water is treated correctly and supplying the household with safe drinking water.

**9. AFFIDAVIT OF OWNER**

The system owner must submit a signed, notarized and recorded copy of an Affidavit of Owner (see attached form). This document indicates that the property owner is aware that the drinking water well source requires treatment to ensure the water is safe to consume.

**10. AFFIDAVIT OF WATER TREATMENT SYSTEM DESIGNER**

The system designer must submit a signed, notarized and recorded copy of an Affidavit of Designer (see attached form) indicating that the water treatment design is in compliance with the requirements specified in this application. The water treatment system designer must work with the system installer to ensure proper installation of the treatment system.

**NOTE: Once items 1-10 are complete, submit the signed WAF application and each document required to the WCHD for review. Please allow at least 2 weeks for the review process. Once the WAF is approved by WCHD, the applicant will be provided a copy of the approved application page for the building permit.**

The remaining items on the checklist are completed after the water treatment system is installed and operational.

**B. Final Approval (Occupancy)** – Items 11-12 must be completed for final approval and occupancy.

**11. AFFIDAVIT OF INSTALLER**

The water treatment system installer must submit a signed, notarized and recorded copy of an Affidavit of Installer (see attached form) indicating that the installed treatment system is the same as the approved design. Any changes to the approved design must be submitted to WCHD by the system designer for approval. Occupancy may be delayed if there are changes to the approved design. The installer must work under the oversight of the system designer.

**12. POST TREATMENT WATER TEST**

A water sample must be taken following treatment and analyzed for the contaminant of concern showing that the treatment system is working correctly and the contaminant level is below the maximum level. Please see the attached list of local certified water labs.

**ADDITIONAL REQUIREMENTS**

Additional requirements may be specified by the Health Officer.

**NOTE: Once items 11-12 are complete, submit these documents to the WCHD for review. Please allow at least 1 week for the review process. Once the final WAF is approved by WCHD, the applicant will be provided a copy of the approved application page for occupancy.**



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 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:

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

Property Information:

Tax Parcel Number (twelve digit number):
Project Type (check one): Single Shared (2) ADU (2) Commercial (1 or 2) Plat (1or 2)
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.

- Reason for denial:
Conditions of denial if applicable:

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: \$330 + \$9.90 (3% County Technology Fee) = \$339.90

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

Instructions:

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 (twelve digit number):

Project Type (check one): Single Shared (2) ADU (2) Commercial (1 or 2) Plat (1or 2)

Address of Project:

Building Permit Number: Plat Name: Lot:

Well Location (if different) Tax Parcel Number (twelve digits):

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:

Well Site Inspection Appointment with: Date:

GPS Coordinates:

Notes:

- Well Site Approved with the following conditions:
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 chapter 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.

Please print, sign and return to the Department of Ecology



WATER WELL REPORT

Original - Ecology, 1st copy - owner, 2nd copy - driller

Construction/Decommission ("x" in circle)

- Construction
Decommission ORIGINAL INSTALLATION Notice of Intent Number

PROPOSED USE: Domestic, Industrial, Municipal, DeWater, Irrigation, Test Well, Other
TYPE OF WORK: Owner's number of well (if more than one)
DIMENSIONS: Diameter of well, inches, drilled, ft.
CONSTRUCTION DETAILS: Casing, Installed, Perforations, Screens, Gravel/Filter packed, Surface Seal, PUMP, WATER LEVELS, WELL TESTS

CURRENT Notice of Intent No.

Unique Ecology Well ID Tag No.
Water Right Permit No.
Property Owner Name
Well Street Address
City, County
Location 1/4-1/4 1/4 Sec Tw n R
EWM or WWM circle one
Lat/Long (s, t, r) Lat Deg Lat Min/Sec
still REQUIRED ) Long Deg Long Min/Sec
Tax Parcel No.

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

Table with columns: MATERIAL, FROM, TO. Contains sample text and empty rows for recording data.

Start Date Completed Date

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards.

Driller Engineer Trainee Name (Print)
Driller/Engineer/Trainee Signature
Driller or trainee License No.

Drilling Company
Address
City, State, Zip

If trainee, licensed driller's Signature and License no.

Contractor's Registration No. Date
Ecology is an Equal Opportunity Employer.





WATER AVAILABILITY
PRIVATE WATER SUPPLY
ALTERNATIVE SOURCE EVALUATION
WORKSHEET

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

Applicant Information:

Property Owner(s): Phone:

Tax Parcel Number (twelve digit number):

Alternative Water Supply: Contaminated Well Rainwater Catchment Surface Water Spring

Instructions:

The use of an alternative drinking water source for a private drinking water supply will be considered only if no other suitable drinking water source is available. 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 Coordinated Water System Plan.

Complete the below worksheet and include any documentation required to support the request to use an alternative water source for a private drinking water supply. Include this worksheet with your water availability form application.

- 1. Is the above parcel within the service area boundary of a PWS or within 1/2 mile of a PWS?
2. Can a new uncontaminated well be drilled?
3. Is there a nearby uncontaminated well that can provide a connection?

Additional explanation for requesting an alternative private drinking water supply:

Blank lines for providing additional explanation.

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:

**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.

<b>Document Title(s):</b>  Affidavit of Owner or Operator and Designer
<b>Grantor(s):</b>  Page number where additional grantor(s) can be found:
<b>Grantee(s):</b>  Page number where additional grantee(s) can be found:
<b>Abbreviated legal description:</b> (lot, block, plat name or; qtr/qtr, section , township & range or; unit, building and condo name). <i>Complete legal description from current deed must also be attached.</i>  Page number where complete legal description can be found:
<b>Assessor's Parcel Number:</b>

**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.

**Affidavit of Owner/Operator**

STATE OF WASHINGTON     )  
  )  
  )     ss.     Affidavit of \_\_\_\_\_  
COUNTY OF WHATCOM    )

being first duly sworn upon oath, deposes and says: I have a water treatment system for the building located at:

Address: \_\_\_\_\_

**Tax Parcel Number** (twelve digit number): \_\_\_\_\_

Legal description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water treatment system is designed to remove:    **Arsenic**    **Nitrate**    **Bacteria**

I understand that the only source of water for this property is a contaminated well and the treatment system design is detailed in the approved water availability packet. I agree to adhere to the operation, maintenance and monitoring plan outlined in the approved water treatment design.

I understand that the obligation to comply with treatment system design, installation, operation and monitoring lies with the property owner and not Whatcom County.

I agree to disclose all provisions of the plan to any person to whom I sell, lease, rent, or otherwise allow to occupy the building or operate the treatment system.

\_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**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.

**Affidavit of Designer**

STATE OF WASHINGTON     )  
  )  
COUNTY OF WHATCOM    )     ss.     Affidavit of \_\_\_\_\_

being first duly sworn upon oath, deposes and says: I have designed a water treatment system for the building located at:

Address: \_\_\_\_\_

**Tax Parcel Number** (twelve digit number): \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Water treatment system is designed to remove:    **Arsenic**    **Nitrate**    **Bacteria**

I have carefully reviewed the requirements of the Whatcom County Health Department’s Water Availability instructions. The water treatment system designed for the above building is in full compliance with the Health Department’s Water Availability Policy and effectively secures a potable water supply for the building.

\_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_   
NOTARY PUBLIC in and for the State of Washington

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**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.

<p><b>Document Title(s):</b></p> <p>Affidavit of Installer</p>
<p><b>Grantor(s):</b></p> <p>Page number where additional grantor(s) can be found:</p>
<p><b>Grantee(s):</b></p> <p>Page number where additional grantee(s) can be found:</p>
<p><b>Abbreviated legal description:</b> (lot, block, plat name or; qtr/qtr, section , township &amp; range or; unit, building and condo name). <i>Complete legal description from current deed must also be attached.</i></p> <p>Page number where complete legal description can be found:</p>
<p><b>Assessor's Parcel Number:</b></p>

**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.

**Affidavit of Installer**

STATE OF WASHINGTON     )  
  )  
COUNTY OF WHATCOM    )

ss.     Affidavit of \_\_\_\_\_

being first duly sworn upon oath, deposes and says: I have installed a water treatment system for the building located at:

Address: \_\_\_\_\_

**Tax Parcel Number** (twelve digit number): \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Water treatment system is designed to remove:    **Arsenic**    **Nitrate**    **Bacteria**

The water treatment system installed at the above residence is installed according to the design approved by the Whatcom County Health Department. All components and materials used in the water treatment system are as specified in the approved design. The attached treated water sample results verifying system performance were taken from the residence served by the treatment system.

\_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_



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>