



**WHATCOM COUNTY
HEALTH DEPARTMENT**

509 Girard Street
Bellingham, WA 98225
Phone (360) 778-6000

WATER AVAILABILITY NOTIFICATION

PRIVATE – SURFACE WATER

INSTRUCTIONS:

Please read the attached information carefully for full instructions on how to proceed with obtaining private surface water 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 confirmation process.* This information will be kept on file at the Environmental Health Division. The documents required are:

For Initial Building Permit Approval

1. Water Availability Notification (this form)
2. Copy of water right **permit** from Washington State Department of Ecology
3. Evaluation of Alternative Sources (attached)
4. Public Water Denial Form, if applicable (attached)
5. A site plan (8.5" x 11", drawn to scale) showing all items listed in this packet
6. Water treatment system schematic designed by a qualified individual or organization
7. 2 Affidavits concerning treatment system (attached):
 - a. Affidavit of Owner/Operator (**signed, notarized, and recorded with the County Auditor**)
 - b. Affidavit of Designer (**signed, notarized, and recorded with the County Auditor**)
8. An Operation, Maintenance, and Monitoring plan for the water treatment system

For Final Occupancy Approval (to be done after treatment system installation)

9. Affidavit of Installer (**signed, notarized, and recorded with the County Auditor**)
10. A final post-treatment water sample results (conducted by a certified lab) showing adequate removal of contaminants

APPLICATION:

Applicant's Name _____

Current Mailing address _____

City _____ State _____ Zip _____ Phone _____ or _____

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

Tax Parcel Number (proposed home) _____

Proposed residence address _____

Notification: Email _____ Call _____

Mail to _____

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

Signature _____ Print Name _____ Date _____

CONFIRMATION OF WATER QUALITY & QUANTITY:

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 **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**.

Required Documents For Surface Water Application

► WATER RIGHTS

In order to use surface water you must have a water right permit from the State Department of Ecology. To determine if you have a water right, please contact the Washington State Department of Ecology at (425) 649-7000. Other restrictions and conditions may apply, such as joining a Lake Management District. If the point of water withdrawal is not on your parcel, you must obtain legal easements for a waterline. If the waterline easement crosses over a County right-of-way you are required to obtain an encroachment permit from Whatcom County Public Works at (360) 778-6220.

► EVALUATION OF ALTERNATIVE SOURCES

1. The Health Department will only consider the use of surface water for a private water system if no suitable alternative is available. Preferred alternative sources include:

- Connection to an existing public water system.
- Connection to an existing or neighboring well.
- Drilling a new well.
- Developing a spring.

Examples of evidence of no alternative source include:

- An evaluation of well logs in the area showing lack of groundwater.
- Written statements from a licensed well driller indicating there is no groundwater in a particular area.
- Descriptions of the site limitations, such as set backs to property lines, sewer lines or on-site septic systems.

2. The surface water site proposed by the applicant cannot fall within the boundaries of an area where DOE has determined by rule that water for development does not exist. (Contact the Whatcom County Health Department to determine if your project falls within a DOE non-development area by rule).

► SITE PLAN

Submit a site plan drawn to scale on an 8.5" X 11" sheet of paper. Items to be included on site plan include property lines, point of withdrawal location, water line easements (if required), and the location any potential sources of contamination such as septic drainfields, septic tanks, sewer lines, and storm water infiltration trenches.

► PRE-DESIGN STUDY

Prior to designing a treatment system, a study shall be required with the goal of establishing the most acceptable method to produce satisfactory finished water quality. The pre-design study should include:

- A review of the activities occurring in the watershed.
- Sample collection and analysis by a DOH certified laboratory as appropriate to adequately characterize water quality and any reports or other information determined to be necessary to identify the actual and potential sources of contamination.
- Results of the water quality testing and any other relevant pre-design studies shall be submitted to the Health Department along with a list of the contaminants for which the system is being designed to treat.

► **TREATMENT SYSTEM DESIGN / SCHEMATIC**

IMPORTANT: It is the specific intent of this policy to place the obligation of complying with the requirements specified under “Section D. Treatment System Design and Operation” and “Section E. Maintenance, Operation, and Monitoring”, upon the owner or operator of the water system. No provision and no term used in these sections of the policy is intended to impose any duty whatsoever upon Whatcom County Health Department. The Health Department will simply act to receive the documents and information requested in these sections.

A qualified individual or organization must design the treatment system. **Unless all components and materials used in the treatment system are certified by the National Sanitation Foundation (NSF), a licensed engineer must design the entire treatment system.** Included in the category of qualified individuals and organizations, are professional engineers with experience in the design of drinking water treatment systems. Good engineering practices shall be used in the design of all water systems, as specified in WAC 246-290.

- ❑ A detailed schematic of the treatment system and specifications of components must be submitted to the Health Department. All equipment and materials used by the treatment system must be certified by the most recent National Sanitarian Foundation (NSF) Listings: Drinking Water Treatment Units and Related Products, components and Materials. Where NSF certified equipment or materials are not available to address contamination problems for a particular water supply, the Health Department may accept acceptable alternates designed by a licensed engineer. Ultraviolet light disinfection systems must conform to State Department of Health Guidelines for Ultraviolet Systems.
- ❑ The treatment system must be designed to treat 400 gallons per day for a single-family residence. All faucets must provide treated water. Plans for a storage tank must be included in the design submitted to the Health Department if the source cannot provide for peak household flows.

Finished Water Quality

Finished water quality from a proposed source of supply shall conform to the minimum quality standards established in the Whatcom County Drinking Water Ordinance and WAC 246-290-630 if there is bacteriological contamination due to the direct influence of surface water. If standards are not found in WAC 246-290 then Federal EPA Drinking Water Standards will be used. If you are required to treat for bacteria, minimum treatment for bacteria due to surface water influence must include filtration and disinfection. The treatment system must be designed, installed and operated to ensure at least 99.9% (3 log) removal and/or inactivation of Giardia lamblia, 99.99% (4 log) removal and/or inactivation of viruses and 99 % (2 log) removal of Cryptosporidium.

► **2 AFFIDAVITS BEFORE BUILDING APPROVAL**

- ❑ The system **owner/operator** must submit a signed, notarized and recorded (with the County Auditor) copy of an Affidavit of Owner/Operator (see attached form) indicating that they are the Owner/Operator of this treatment system. The applicant is stating that they understand the obligation to comply with treatment system design, installation, operation and monitoring lies with the applicant and not Whatcom County for the contaminant(s) listed as exceeding the Maximum Contaminant Level (MCL). The applicant also states that they understand that when a public water system becomes available, any person obtaining water from this contaminated source must provide current test results showing water treatment is adequately maintaining water quality below MCL's. If the quality does not meet the MCL, the applicant may be required to hook up to a public system.

Required Documents For Surface Water Application

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- The system **designer** must submit a signed, notarized and recorded (with the County Auditor) copy of an Affidavit of Designer (see attached form) indicating that the design is in compliance with the requirements specified in the Treatment System Design section of this application.

► **MAINTENANCE, OPERATION AND MONITORING PLAN**

A Maintenance, Operation and Monitoring Plan that specifies what must be done to ensure that the treated water will meet the quality standards for which the system was designed. This Plan needs to include the following:

- A plan to provide for the monitoring of the operation of the water treatment equipment, including means to provide for the servicing, disinfecting, repairing and replacements for the system as frequently as necessary (taking into consideration the system's design, anticipated use, and the type and level of contaminants present).
- A schedule for on-going water quality monitoring.
- Provisions (which may include a contract) for the on-going servicing, repair and necessary replacements of the water treatment system as described in the plan must be provided by the owner or operator of the system.

► **AFFIDAVIT OF INSTALLER**

- The system **installer** must submit a signed, notarized and recorded (with the County Auditor) copy of an Affidavit of Installer (see attached form) indicating that the installation is in compliance with the requirements specified in the Treatment System Design section of this application.

► **TREATED WATER TESTING REQUIREMENTS**

The following tests must be completed with satisfactory results obtained and reported to the Health Department prior to occupancy of the building. A Washington State certified laboratory must conduct all testing.

- Bacteriological: If a disinfection system is required, a treated water sample must be taken following treatment and analyzed for total and fecal coliform. Satisfactory results require that no coliform bacteria be present.
- Inorganic Chemical and Physical: Raw and treated water samples must be collected and analyzed for the parameter(s) that are to be removed through treatment such as arsenic, barium, cadmium, chromium, fluoride, lead, mercury, nitrate (as N), selenium, silver, and turbidity. Satisfactory results require: ① Compliance with the MCL's specified in the Whatcom County Drinking Water Ordinance, and ② System performance specified in the treatment system design.
- Other: Additional sample(s) must be collected and analyzed for any other contaminants that were identified as requiring treatment in the pre-design study. Satisfactory results require compliance with the MCL's specified in the Whatcom County Drinking Water Ordinance, or if not specified in the Ordinance, EPA Primary Drinking Water Requirements (40 CFR Parts 141 and 142).

► **ADDITIONAL REQUIREMENTS**

Additional requirements may be specified by the Health Officer

Evaluation of Alternative Sources

The use of contaminated well water (or surface water) for private water systems will be considered only if no suitable alternative is available. Preferred sources include public water systems and uncontaminated groundwater and springs. Evidence must be provided to the Health Department indicating that no such alternative sources are available. Evidence could consist of a the "Denial for Public Water System" form (attached), an evaluation of adjacent well reports and water quality information, exploration of potential to share a neighbor's uncontaminated well, or other descriptions of the site limitations.

Tax Parcel Number: _____

- o Can you connect to an existing public water system? _____
(If you are in the service area of an existing public water system please submit the "Denial for Public Water System" form in this packet).

- o Can you connect to an existing uncontaminated neighboring well or spring? _____

- o Can you drill a new well? _____
If not, do you have evidence of existing sources near your project that are also contaminated? _____
Please submit any related information.

- o Please explain any other site limitations:

Applicant Signature

Date



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:

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.

Document Title(s):

Affidavit of Owner or Operator / Affidavit of Designer / Affidavit of Notification

Grantor(s):

Page number where additional grantor(s) can be found:

Grantee(s):

Page number where additional grantee(s) can be found:

Abbreviated legal description: (lot, block, plat name or; qtr/qtr , section , township & range or; unit, building and condo name).

Page number where complete legal description can be found:

Assessor's Parcel Number:

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) with a legal
description as follows: _____

I understand that the untreated source water for this property exceeded the
following contaminate(s) Maximum Contaminate Level (MCL):

I agree to adhere to the operation, maintenance and monitoring plan outlined in
the approved contaminated source treatment design. I understand that the
obligation to comply with treatment system design, installation, operation and
monitoring lies with the applicant 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.

I understand that when a public water system becomes available, any person
obtaining water from this contaminated source must provide current test results
showing water treatment is adequately maintaining water quality below MCL. If
the quality does not meet the MCL, the applicant may be required to hook up to
a public system.

(Grantor)

SUBSCRIBED and SWORN to before me this ____ day of _____, 20____.

NOTARY PUBLIC in and for the
State of Washington,
residing at:

My Commission expires:

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) with a legal
description as follows: _____

I have carefully reviewed the requirements of the Whatcom County Health Department's Water Availability Policy for design of water treatment systems. 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.

Document Title(s):

Affidavit of Installer

Grantor(s):

Page number where additional grantor(s) can be found:

Grantee(s):

Page number where additional grantee(s) can be found:

Abbreviated legal description: (lot, block, plat name or; qtr/qtr , section , township & range or; unit, building and condo name).

Page number where complete legal description can be found:

Assessor's Parcel Number:

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) with a legal
description as follows: _____

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>