



To Protect and Promote the Health and the Environment of the People of Kittitas County

ADEQUATE WATER SUPPLY DETERMINATION INSTRUCTIONS

Incomplete applications will not be accepted and will be returned to the applicant. All applicable fees may be non-refundable.

- For each Adequate Water Supply Determination form, all components must be present at the time of submittal.
- Please follow the checklists below to ensure you meet the application requirements.
- Please allow up to 10 business days for processing & review.

Please provide the following for FORM L:

<input type="checkbox"/>	Complete all parts of application, including notarized statement.
<input type="checkbox"/>	Provide a copy of well log or 4-hour draw down test. (If available) Well logs can be accessed from the Washington State Department of Ecology (Ecology) at (509)575-2490 or on their webpage at https://fortress.wa.gov/ecy/waterresources/map/WCLWebMap/default.aspx
<input type="checkbox"/>	If the proposed project is the 1 st project on the parcel with plumbing: Water Budget Neutrality Determination, Kittitas County Interim Water Mitigation Certificate or other proof of mitigation. Determinations can be obtained by contacting Ecology at (509)575-2490. Contact Kittitas County Public Health Department regarding Kittitas County Interim Water Mitigation Certificates.
<input type="checkbox"/>	A current well water quality test which includes a passing bacteriological (within 1 year) and nitrate (within 3 years) result.
<input type="checkbox"/>	Site map which includes identification of the location of property lines, wells , roads, driveway, proposed project (home, accessory dwelling unit, garage), easements, septic drainfield and other structures on the property.
<input type="checkbox"/>	Check or cash for applicable fees. Limited Review: \$95
<input type="checkbox"/>	Recorded shared well users agreement. (SHARED WELL ONLY) This form can be found at http://www.co.kittitas.wa.us/health/programs/water.aspx
<input type="checkbox"/>	A current operating permit from the Washington State Department of Health that is in green or yellow status. (GROUP A, GROUP A NTNC AND A-TNC WATER SYSTEMS ONLY) Operating permits can be found at https://fortress.wa.gov/doh/eh/portal/odw/si/FindWaterSystem.aspx

For questions please call the Kittitas County Public Health Department at (509)962-7515

Building Permit: Adequate Water Supply Determination Flow Chart



Exempt – No review:

- Remodel: Replacement of Fixtures
- Remodel: No Change in Fixtures
- New Building: No Potable Water
- Addition/Remodel: Increase in Habitable Space – Includes no fixtures, and does not create a dwelling unit* or an additional dwelling unit*

No Review Needed – No form

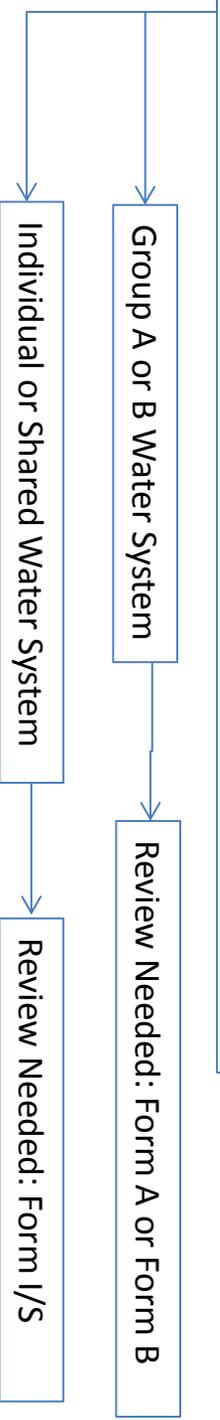
Limited review \$95:

- Rebuilds or Replacement: Building with Potable Water
- Change to pre-existing water system, including:
 - ❖ Remodel that adds fixtures, does not create an additional dwelling unit*
 - ❖ Addition that adds fixtures, does not create an additional dwelling unit*

Review Needed: Form L

Full review Individual, Shared, Group B, Group A-NTNC, GROUP A-TNC \$305. Group A Community \$180:

- New Building with Potable Water, including:
 - ❖ Remodel that adds fixtures, if it creates an additional dwelling unit* regardless of size
 - ❖ Addition that adds fixtures, if it creates an additional dwelling unit* regardless of size
- Addition of Water to a Dry Structure



* A dwelling unit is defined as: "A single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation."



To Protect and Promote the Health and the Environment of the People of Kittitas County

Tracking #: _____
 Date Accepted: _____
 Accepted By: _____

FORM
L

**ADEQUATE WATER SUPPLY DETERMINATION FOR BUILDING PERMITS:
 LIMITED REVIEW**

Incomplete applications, including applications without the proper documentation, will not be accepted. KCPHD will return incomplete applications to the applicant. All applicable fees may be non-refundable.

OWNER OF RECORD: _____	PHONE #: _____
MAILING ADDRESS: _____	PARCEL #: _____
CITY, STATE, ZIP: _____	E-MAIL: _____
PROJECT LOCATION: _____	EXISTING UNIQUE WELL ID#: _____

Project Use:

Creation of a structure that adds additional fixtures and has a pre-existing water source (does not include creating additional dwelling unit(s)*)

Replacement of a structure with a pre-existing water source (does not include creating additional dwelling units*)

Remodel of a structure that adds additional fixtures and has a pre-existing water source (does not include creating additional dwelling unit(s)*)

Please describe project: _____

*A dwelling unit is defined as: "A single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation."

Date when regular use of water began: _____

The structure will be served by (please check one of the following options):

Individual Well

2 Party Shared Well

Group A Water System- Water System approved to serve 15 or more residential connections or 25 or more of the same people/day, at least 180 days per year. This includes Group A-NTNC & Group A-TNC water systems.

Name of Water System: _____.

Group B Water System- Water Systems approved to serve 1 or more non-residential connections or 3 or more residential connections. **Name of Water System:** _____.

- Please provide the following :
- Well log, **if available** (Individual/Shared well only)
 - Site map identifying the location of the proposed project and well location (Individual/Shared well only)
 - Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests (Individual, Shared, Group B well only)
 - If **shared well**, please provide a recorded shared well users agreement
 - Current operating permit from the Washington State Department of Health that is in green or yellow status. (Group A, Group A NTNC and A-TNC Water Systems Only)

*****The adequate water supply determination approval remains valid only if the facts asserted and governing law do not change, and expires within 1 year of issuance. All applicable fees may be non-refundable.*****

STATEMENTS OF UNDERSTANDING

_____ (Initials)	I hereby certify that the information provided is accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County. I understand that if the project changes it may require different and/or additional requirements.
_____ (Initials)	I understand that approval by Kittitas County only verifies my intent and that it does not guarantee that there is a legal right to waters of the state, or that the pre-existing water source meets state or local requirements for potability and /or quantity for the proposed use, or that WAC 173-539A does not apply to the pre-existing water source. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant, I understand that the purpose of this application has been made with the intention of seeking issuance of a building permit, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, constructed and maintained in accordance with federal, state and local requirements.
_____ (Initials)	I agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County Public Health Department (KCPHD) and that the department may require different and/or additional requirements. I also wholly understand that approval of this application does not warrant any guarantee of potable water or the legal right to use waters of the state and that I alone assume the calculated risk of developing a potable water supply. I understand that all applicable fees may be non-refundable and that KCPHD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by KCPHD.
_____ (Initials)	I understand that the federal, state and local water quality requirements are a minimum requirement for water quality testing, and that local conditions may result in contaminants that are not detected by these tests. As the applicant, I assume all risk in its entirety and agree to indemnify, defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees.
_____ (Initials)	I understand that adding a 2 nd and/or additional residential connections to an individual well, including accessory dwelling units, categorizes the well as a Public or Shared Water System which requires submittal of a Public or Shared Water System application and approval by KCPHD or WA State Dept. of Health.
_____ (Initials)	I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.

Property Owner Signature: _____ Date: _____

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NOTARIZED STATEMENT

I, _____ (the undersigned applicant) under penalty of perjury in the State of Washington agree to comply with all sections of this document, federal, state, and local provisions, codes, and ordinances in regards to water use. These covenants and agreements and shall be binding on all parties having or acquiring any right, title, or interest in this land described herein or any part hereof and it shall pass to and be for the benefit of each owner thereof. I certify that the information provided is true and accurate and I understand that if the project description should change that it is my responsibility to inform Kittitas County Public Health Department (KCPHD) and that the department may require different and/or additional requirements. As the applicant, I assume all risk in its entirety and agree to indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or reduction in value of property including the loss of use resulting there from which are alleged or proven to be caused in whole or in part by a negligent act or omission of its officers, directors, and employees. As the applicant for a building permit, I understand that I am legally and financially responsible for ensuring there is a legal right to the water to be used, and that all water supply systems are engineered, designed, and constructed in accordance with federal, state and local requirements. I also wholly understand that approval of this application does not warrant any guarantee of potable water or the legal right to use waters of the state and that I alone assume the calculated risk of developing a potable water supply. I understand that all applicable fees may be non-refundable and that KCPHD may have additional requirements to ensure that sufficient and adequate water supply is available for use and I shall comply with all requests made by KCPHD. Should I as the property owner chose to use and appoint an authorized agent to represent my interest, I may do so, by having myself and the authorized agent sign this notarized statement.

Signed: _____ Property Owner(s)

Print Name: _____

Property Owner(s)

I, _____ (the property owner) appoint,

_____ as an authorized agent to represent my interest.

Authorized Agent Signature (if applicable): _____ Print Name: _____
Authorized Agent Authorized Agent

State of Washington)
)ss
County of _____)

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,

- ___ who is personally known to me
- ___ whose identity I proved on the basis of _____
- ___ whose identity I proved on the oath/affirmation of _____, a creditable witness to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

_____ to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

Notary Public in and for the State of Washington,
Residing in: _____
My Commission Expires: _____

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OFFICIAL USE ONLY

Review of Application:

TRACKING #: _____

Proposed project will maintain well or septic system setback requirements

Yes No

Proposed project qualifies under the limited review AWSD process

Yes No

Application materials for the proposed project are attached and complete:

- A copy of the well log.
- A current passing (within ≤ 1 year) bacteriological and nitrate (within ≤ 3 years) well water test.
- Site map identifying the location of the proposed project and well location.
- Current operating permit from the Washington State Department of Health that is in green or yellow status.

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

EVALUATION NOTES:

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

DATE: _____ NOTES: _____

FINAL EVALUATION: REVIEWER: _____ DATE: _____

Based on the information provided in this application and to the best of my knowledge and ability at this time:

Requirements for adequate water supply determination appear to be complete and satisfactory*[†]

The request for adequate water supply determination is not complete or unsatisfactory and therefore has been denied*[†]

Notes: _____

*The Building Official makes the final determination on the issuance of a building permit per RCW 19.27.097

† KCPHD does not make determinations regarding an applicant's legal right to ground water or the validity of WAC 173-539A nor does KCPHD have the authority to perform such actions.

ADEQUATE WATER SUPPLY DETERMINATION LIMITED REVIEW FEE \$95

Total Fee Due: = _____ Receipt #: _____

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