



# Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov  
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## EHU MASTER APPLICATION

**Applicant:** Please print in ink or type. A Staff Member will review this application at intake for completeness.

### Property Information

Project Address \_\_\_\_\_ City \_\_\_\_\_ Parcel # \_\_\_\_\_

### Application Type (check one)

Septic	Water Availability	Other
<input type="checkbox"/> New Septic <sup>1</sup> <input type="checkbox"/> Site/Soil Evaluation <sup>1</sup> <input type="checkbox"/> Repair <input type="checkbox"/> Tank Placement <input type="checkbox"/> Verification	Well (check sub-type) <input type="checkbox"/> Individual <input type="checkbox"/> 2-party Shared <sup>1,2</sup> <input type="checkbox"/> Conversion (Individual → 2-party) <input type="checkbox"/> Public Water Verification	<input type="checkbox"/> Temporary Campground <input type="checkbox"/> Solid Waste Facility <input type="checkbox"/> _____
<sup>1</sup> If part of a subdivision, please indicate:	<sup>2</sup> Well will share with location:	
Subdivision # _____, Lot # _____	Address _____, Parcel # _____, Lot # _____	

### Applicant/Owner Information

Applicant/Authorized Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### Project Description

Please provide a brief description of your project:

\_\_\_\_\_  
I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Office Use Only		
Permit # _____	Date _____	Accepted By _____



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## WATER AVAILABILITY CHECKLIST

APPLICANT INITIALS		STAFF INITIALS
<b>I.</b>	<b>Individual Water Supply *</b> (Including drilled wells, dug wells, driven wells, sand points, and springs**)	
	<b>A. Water Well Report</b> A 2-hour flow test indicating drawdown and recovery time is acceptable in place of a report, only if it is an older well with no available report.	
	<b>B. Satisfactory Bacteriological Test</b> Bacteriological tests must have been conducted within the previous six months. The test must be performed by a Washington State certified lab.	
	<b>C. Cowlitz County Approved Site Plan &amp; Site Clearance (See Attached Example)</b>	
	<b>D. Completed Application</b>	
	<b>E. Water Availability Fee</b>	
	<b>F. Gate Code or Lock Combination</b> If the property or well house is secured, it is the responsibility of the property owner or applicant to ensure that the property and well are accessible for inspection. (Keys will not be accepted) All dogs and livestock must be properly restrained.	
<b>II.</b>	<b>Two Party Shared Wells ***</b>	
	<b>A. All of the information required for an individual well</b>	
	<b>B. Satisfactory Chemical Water Analysis Test:</b> The test must include Arsenic, Iron, Manganese, Sodium, Zinc, Chloride, Nitrate, and Sulfate. The test must be performed by a Washington State Certified Lab within the previous 12 months.	
	<b>C. Shared Well Agreement:</b> Shared well agreements must be signed, notarized, and recorded with the County Auditor before water availability will be issued by the Cowlitz County Environmental Health Unit (EHU). A blank copy of the Water User Easement and Agreement is available from the EHU. Assistance from legal counsel is recommended for completion of all shared well agreements. Review of shared well agreements by the EHU prior to notarization and recording is <b>recommended</b> .	
<b>III.</b>	<b>Two Party Shared Wells ***</b>	
	<b>A. System Purveyor Letter</b> , Including the following information: <ol style="list-style-type: none"> <li>1. Name and ID# of the Water System Purveyor</li> <li>2. At least one of the following: Address, Lot, or Space or Parcel Number</li> <li>3. Type of connection (i.e. New, Expanded, Remodel, or Replacing Existing)</li> </ol>	
	<b>B. Public Water System Verification Fee</b>	
<p><i>*Arsenic, a known carcinogen, is naturally occurring throughout the county. While individual wells are not required to be tested for Arsenic, the Health Department strongly encourages you to test your well for this constituent.</i></p> <p><i>**Springs and surface water sources require "water rights" from the WA State Dept of Ecology.</i></p> <p><i>***Wells with more than two connections are public water systems and are regulated by the Cowlitz County Health Department and Washington Department of Health.</i></p>		



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## WATER AVAILABILITY INFORMATION - Additional Information for Required Checklists -

### Minimum Data for Review

All of the following must be submitted at the time of application:

1. Water Well Report: (for individual or shared groundwater well): A Water Well Report (Well Log) must be submitted with your application. A Water Well Report can be obtained from the well driller or WA State Department of Ecology. If you have an older well and cannot locate a well report then a pump test may be submitted instead of a well report. Pump tests can be performed by a well driller or pump installer. The pump test must be at least two hours long. **If your well does not produce 5 gal per min per household, additional storage may be required on a case-by-case review.**
2. Bacteriological Water Analysis: After flushing the new system, a water sample must be taken and analyzed for bacteria. Any state certified lab may be used to test the water sample. **Bacteriological Tests can be no more than 6 months old upon submittal.**
3. Cowlitz County Approved Site Plan: An accurate plot plan of the property, identifying all of the information outlined in items 1 -10 on the example plot plan attached. The location of the well must be noted and its distance to proposed structures, easements, drainfield/drainfield reserve areas, driveways, waterways, drainage ditches, distance to property lines, etc. must be measured and noted on the plot plan. The topography of the land around the well must also be noted. If the well is intended to be used for parcels created through the process of subdivision, the site map must also include proposed lot lines and lot numbers.
4. Completed Application: The application must be completed for each property or lot. Additional copies of the application are available at the Health Department EHU or on the Health & Human Services website.
5. Water Availability Application Fee: The current fee amount is available at the building and planning counter and is payable at the time of application. The fee includes inspections and plan review.
6. Gate Code or Lock Combination: The property and any structure that contains the wellhead must be accessible for inspection. All animals must be properly restrained.

### Additional Requirements for Two Party Shared Wells

7. Water Well Reports: The Water Well Report (Well Log) for a two party shared well must indicate a production of 10 gallons per minute. **If your well does not produce a minimum of 10 gal per min, additional storage may be required on a case by case review.**

8. Chemical Water Analysis: The chemical test must be performed by a state certified lab and include the following chemicals: Arsenic, Iron, Manganese, Sodium, Zinc, Chloride, Nitrate, and Sulfate. **The chemical test can be no more than 12 months old upon submittal.**
9. Shared Well Agreement: The Environmental Health Unit has a Water User Easement and Agreement form that must be completed by the applicant. The agreement must be signed, notarized, and recorded with the Auditor's office, and submitted to the Department. If you wish to, submit the Shared Well Agreement to the Environmental Health Unit for review prior to notarization and recording.

### Surface Water Requirements

10. Water Rights: Springs, rainwater catchments, and surface waters require WA State Department of Ecology (DOE) "water rights". Information on water rights is available from DOE and not Cowlitz County.

NOTE: RCW 19.27.097 requires proof of potable water prior to issuance of building and some development approvals. Submittal of this application will allow the Health Department and the Building Official to review your water system for potable water requirements of the state.