

INFORMATION FOR WATER AVAILABILITY

COWLITZ COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH UNIT

ADDITIONAL INFORMATION FOR REQUIRED CHECKLIST ITEMS

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.
4. **Completed Master Application:** The Master Application must be completed for each property or lot. Additional copies of the master application are available at the Health Department EHU or on the county web site.
5. **Water Availability Application Fee:** The current fee amount is available at the EHU 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, if used, must be completed by the applicant. The applicant may, instead, work with a lawyer to write their own Water User Easement and Agreement. 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.

The permitting agencies do not guarantee future water quality or quantity.



WATER AVAILABILITY CHECKLIST

E-3

Submit the following documents for your water source type along with a completed application and fee to the Health Department, Environmental Health Unit.

Applicant Initials	Staff
--------------------	-------

I. Individual Water Supply Including drilled wells, dug wells, driven wells, sandpoints, and Springs*

- _____ **A. Water Well Report.** 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. Satisfactory Bacteriological Test.** Bacteriological tests must have been conducted within the previous six months. The test must be performed by a Washington State Certified Lab. _____
- _____ **C. Cowlitz County Approved Site Plan & Site Clearance** (See Attached Example) _____
- _____ **D. Completed Application** _____
- _____ **E. Water Availability Fee** _____
- _____ **F. Gate Code or Lock Combination.** 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. _____

II. Two Party Shared Wells**

- _____ **A. All Of The Information Required For An Individual Well** _____
- _____ **B. Satisfactory Chemical Water Analysis.** 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. _____
- _____ **C. Shared Well Agreement** _____
 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 **recommended**.

III. Public Water Systems

- _____ **A. System Purveyor Letter, Including The Following Information:** _____
 1. Name and ID# of the Water System Purveyor
 2. At least one of the following: Address, Lot or Space number or Parcel number
 3. Type of connection (i.e., New, Expanded, Remodel or Replacing Existing)
- _____ **B. Public Water System Verification Fee** _____

* Springs and surface water sources require “water rights” from the WA State Dept of Ecology.

** Wells with more than two connections are public water systems and are regulated by the Cowlitz County Health Department and Washington Department of Health.

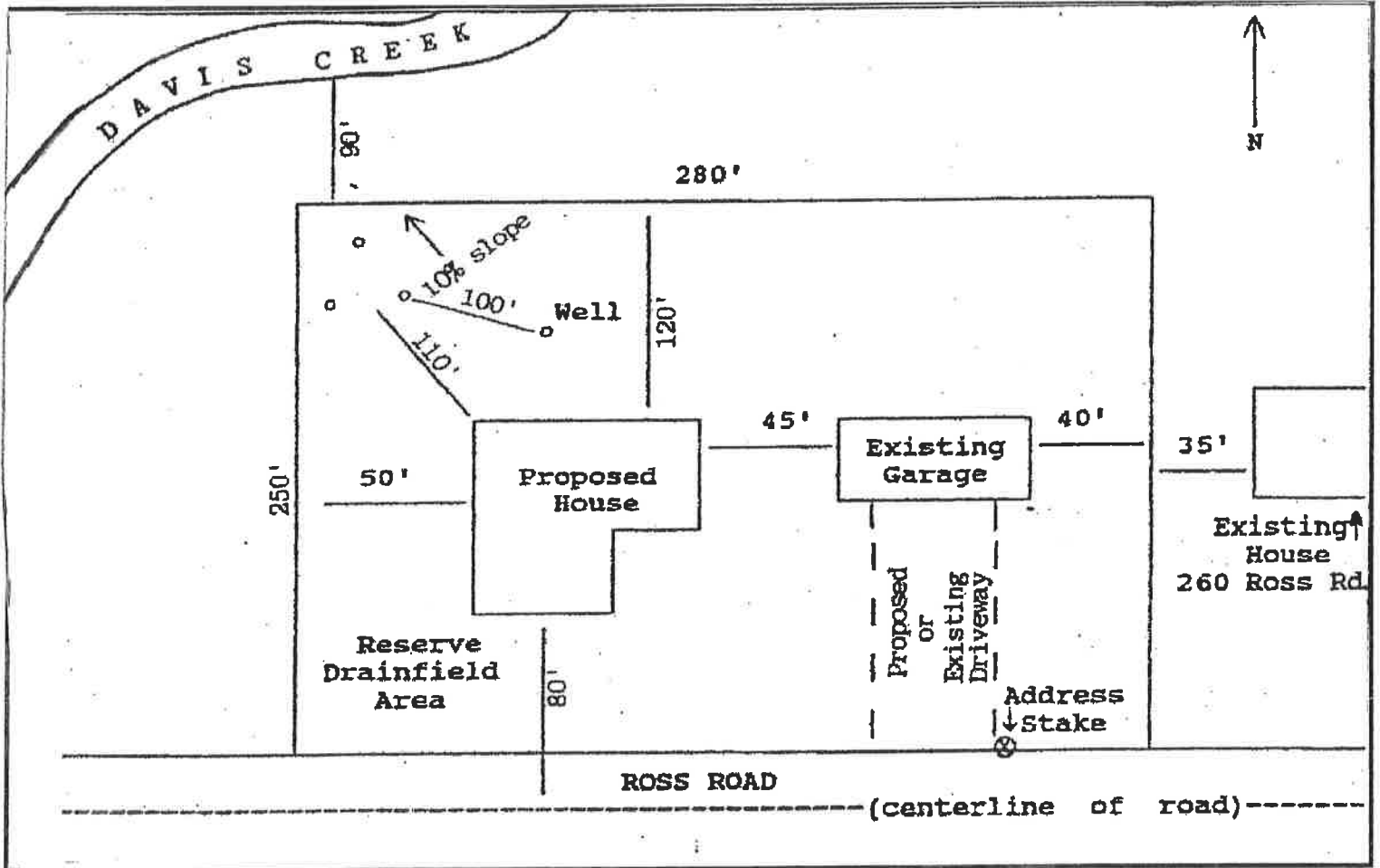
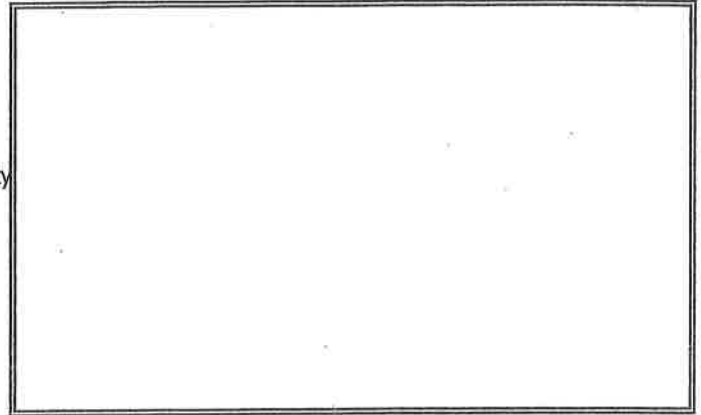
Approval of your water system does not guarantee or assure the continued quantity or quality of the water source or future compliance with local, state, or federal standards, rules, or regulations.

Cowlitz County Health Department - EHU

VICINITY MAP MUST SHOW:

1. Location of property
2. Directional arrow indicating north
3. Any adjacent property addresses and landmarks near subject property
4. Nearest intersecting roads

DO NOT USE SITE PLAN FRAME AS PROPERTY LINES!



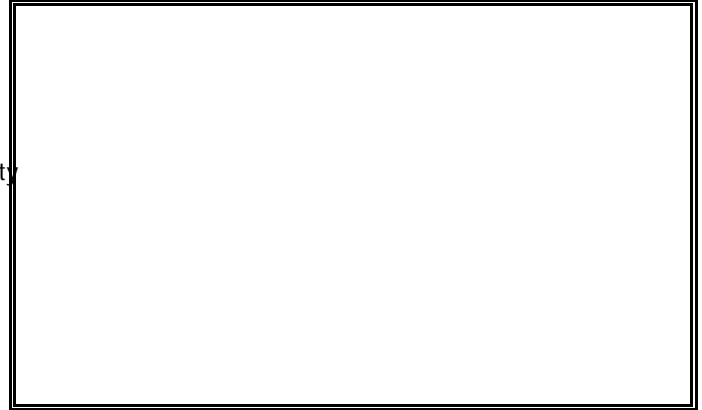
SITE PLAN MUST SHOW:

1. Lot dimensions and property lines.
2. Directional arrow indicating north.
3. Road location and any existing or proposed driveways.
4. All proposed and existing structures, their dimensions and distances to each other, to property lines, and to centerline of road.
5. Location of soil test area, drainfield, reserve area, slope of land, well, and their distances to proposed structures or projects.
6. Location and amount of any fill or grading.
7. Location of address stake, if applicable.
8. All bodies of water, natural and manmade (streams, creeks, rivers, ditches, etc.), and distance to proposed structures or development.
9. All easements (utility, access, etc.)
10. Adjacent property addresses and uses.
11. Draw to scale, if possible.

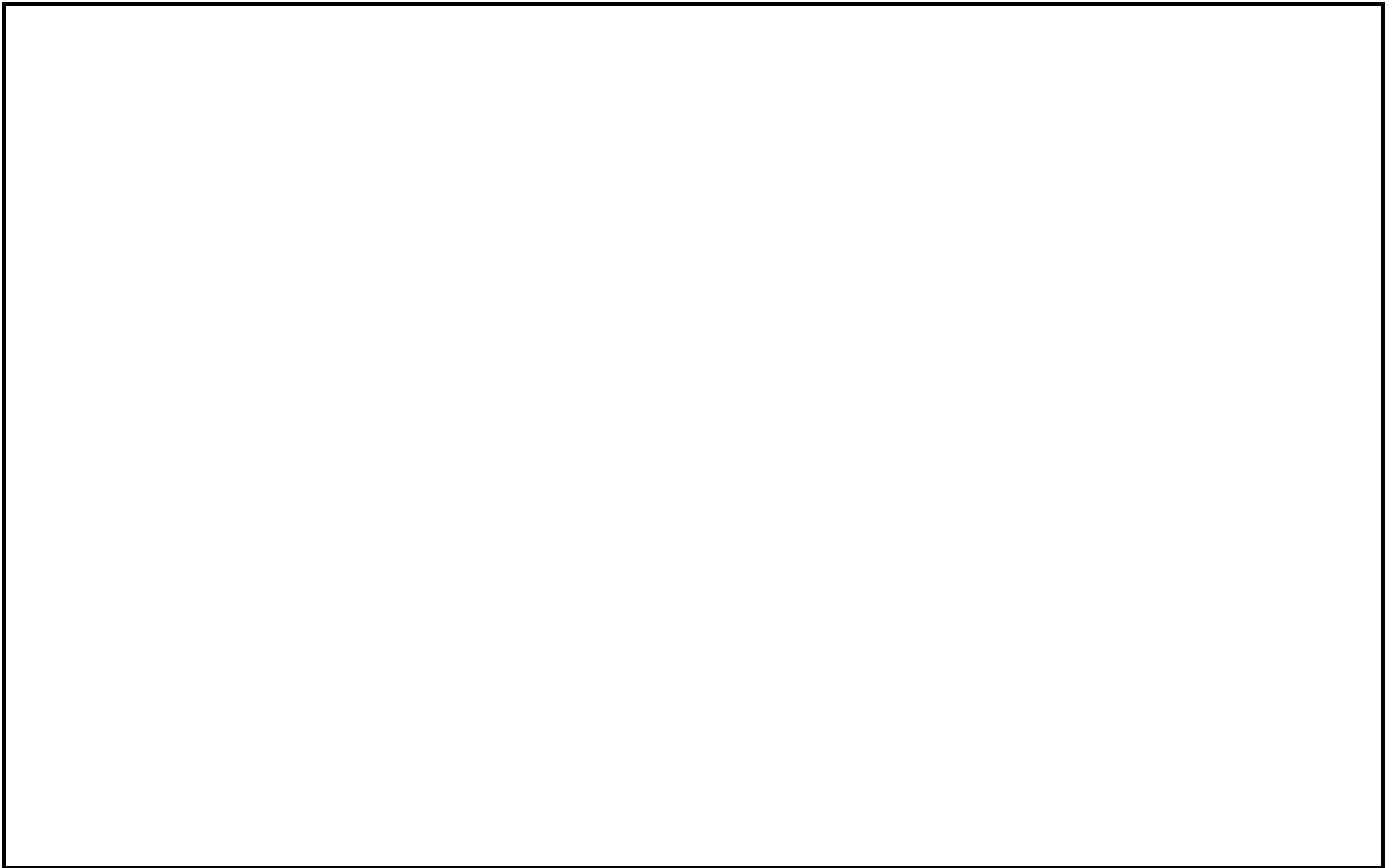
Cowlitz County Health Department - EHU

VICINITY MAP MUST SHOW:

1. Location of property
2. Directional arrow indicating north
3. Any adjacent property addresses and landmarks near subject property
4. Nearest intersecting roads



DO NOT USE SITE PLAN FRAME AS PROPERTY LINES!



SITE PLAN MUST SHOW:

1. Lot dimensions and property lines.
2. Directional arrow indicating north.
3. Road location and any existing or proposed driveways.
4. All proposed and existing structures, their dimensions and distances to each other, to property lines, and to centerline of road.
5. Location of soil test area, drainfield, reserve area, slope of land, well, and their distances to proposed structures or projects.
6. Location and amount of any fill or grading.
7. Location of address stake, if applicable.
8. All bodies of water, natural and manmade (streams, creeks, rivers, ditches, etc.), and distance to proposed structures or development.
9. All easements (utility, access, etc.)
10. Adjacent property addresses and uses.
11. Draw to scale, if possible.



Cowlitz County Health & Human Services Departments

Environmental Health Unit
207 Fourth Avenue North, Kelso, WA 98626
TEL (360) 414-5599 FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

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 ¹ <input type="checkbox"/> Site/Soil Evaluation ¹ <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 ^{1,2} <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"/> _____
¹ If part of a subdivision, please indicate:	² 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 _____

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.