



## CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • PO Box 9825  
Vancouver, WA 98666-8825  
(360) 397-8428 • Fax (360) 397-8091

### APPLICATION PROCEDURE FOR GROUP B PUBLIC DRINKING WATER SYSTEM

The purpose of this packet is to assist you through the process of creating a Group B Public Drinking Water System. This packet is intended as a guide only and may not address all of your specific questions. If you have any additional questions after reading this packet please call our office at (360) 397-8428.

The first step in gaining approval for a proposed Group B Public Drinking Water System is the evaluation of the proposed water source location. The Water Well Site Evaluation Application is included in this packet. A fee is required for the inspection and processing the Water Well Site Evaluation Application.

Existing well sources proposed for a Group B Public Drinking Water System are evaluated in conjunction with a submitted Group B Workbook, and verified during a field visit. Alternative potable water sources -springs, dug wells, rain-water collection, or surface water are typically unreliable, prone to contamination, or are subject to local and/or state codes with priority over the Group B Public Drinking Water System approval. Alternative potable water sources will only be evaluated on a case-by-case basis.

The second step in gaining approval for a Group B Public Drinking Water System is to complete the following items and submit them to this office:

- \_\_\_\_\_ Pre-development letter(s) from the designated water purveyor(s) indicating that they decline direct service, and will accept the formation of a new water system within their water supply service area pursuant to the Public Water System Coordination Act and Clark County Coordinated Water System Plan;
- \_\_\_\_\_ Pre-development letter(s) from approved regional Satellite Management Agencies (SMA's) indicating that they decline management services pursuant to Chapter 246-291-140 WAC;
- \_\_\_\_\_ \$750.00 application and plan review fee;
- \_\_\_\_\_ A summary of the intended use of the water system;
- \_\_\_\_\_ Group B workbook. Please read and complete the workbook before submitting to this office. Information needed for the workbook includes but is not limited to:
  - A drawn to scale detailed topographic or plat map showing well site, ground slope, a sanitary control radius from the well showing any of the items from page \_\_\_\_\_ of the workbook;
  - Specifications on pumps, storage tanks, and water treatment equipment;
  - Water system operations and maintenance plan;
  - Any protective covenants.
- \_\_\_\_\_ Notice to Title submitted through CCPH (additional fee applies) – Upon approval and prior to final release the following documents shall be recorded to the title and submitted to CCPH:
  - Well User's Agreement
  - Declaration of Covenant
  - Restrictive Covenant (If applicable)
  - Water Quality Concerns (If applicable)

**Please note:** Many questions are addressed in the Guidelines for Group B Public Drinking Water System Approval Appendices included with this packet. Be sure to fill out all items as completely as possible to advance the approval process. If you have a 2 connection residential system, you may be exempt from some requirements. Please contact an Environmental Health Specialist regarding your plans.

Water systems with more than one well, booster pumps, non-pressurized storage, 9 or more connections, special hydraulic conditions, and/or water treatment other than simple chlorination, require the design and stamp by a Washington State licensed professional engineer.



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For Office Use Only:

**WELL SITE EVALUATION APPLICATION**

To assure proper well site location the well site must be approved by CCPH prior to well construction. The well site shall be staked and flagged, and be in compliance with WAC 173-160-205, WAC 246-290 and CCC 24.17.

Proposed water supply:

- Group A Public Water System Well
- Single Domestic Water Well
- Group B Public Water System Well
- Irrigation Well
- Other \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Well Contractor (if known): \_\_\_\_\_

**\*\*If applying for building or placement permit, a Water Adequacy Verification Evaluation (WAVE) from Clark County Public Health may be required. The WAVE assures the water well is potable and of sufficient quantity for use.\*\***

*For Department Use Only*

DATE OF INSPECTION: \_\_\_\_\_ EHS: \_\_\_\_\_ SR# \_\_\_\_\_  
AR# \_\_\_\_\_ OSS SR/ON# \_\_\_\_\_

- 1. Map and plot plan are accurate, based on observation at the source site? Yes  No
- 2. Are all required setbacks achieved? Yes  No
- 3. Is a variance required? Yes  No
- 4. Is the site drained in a manner that safely conducts surface run-off away from source? Yes  No
- 5. Will a 100' sanitary control radius overlap onto adjacent parcels? Yes  No   
If yes, a Restrictive Covenant Recording may be required for WAVE or SPWS approval.
- 6. GPS located Longitude: \_\_\_\_\_ Latitude \_\_\_\_\_ Yes  No
- 7. \_\_\_\_\_ public water service is available, or within 750' of parcel.

**COMMENTS:**

FINDINGS:  Satisfactory  Unsatisfactory  Conditions Apply

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- ♦ **ALL FINDINGS REFLECT THE RELATIVE SUITABILITY OF THE PROPOSED SITE FOR PLACEMENT OF A WELL ONLY.**
- ♦ **CHANGES TO SITE CONDITIONS OR PROPOSAL MAY INVALIDATE EVALUATION FINDINGS.**
- ♦ **NO AUTHORIZATION TO CONSTRUCT A WELL IS IMPLIED BY THIS EVALUATION.**
- ♦ **SUBJECT TO POLICIES OF THE PUBLIC WATER PURVEYOR, COMPLETED APPLICATIONS MAY BE DISCLOSED UPON REQUEST.**



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## WELL SITE PLOT PLAN

Application must be accompanied by a copy of a plot plan. One hundred (100) foot protective well radius, proposed/existing onsite septic system locations, buildings, surface water and fee per CCC 24.18.

DATE: \_\_\_\_\_

SR # \_\_\_\_\_

SITE ADDRESS/LOCATION: \_\_\_\_\_

WELL DRILLER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

WELL DRILLER'S ADDRESS: \_\_\_\_\_

Note: This is a permanent record. Please use a straight edge to prepare an accurate detailed drawing of the proposed well site, drawn to scale. Plot plan should include the following:

- 100 ft. protective well radius
- Proposed/existing onsite sewage system (including reserve area)
- Building(s)
- Surface water
- Potential sources of contamination
- Existing wells

SCALE USED: 1" = \_\_\_\_\_ ft





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**APPLICATION FOR WATER EVALUATION SERVICES**

SR # \_\_\_\_\_

**APPLICATION TYPE**

- Individual Well – W.A.V.E.
- Small Public Water System Evaluation
- Irrigation Well Evaluation
- Health Authority Verification for Domestic Water System

**ATTENTION:** Applicant is responsible for all appropriate fees for service, including costs incurred through repeat sampling and/or return visits to the site by staff. See fee schedule for cost estimate.

**SECTION 1 APPLICANT – Person, Organization or Water System**

NAME: \_\_\_\_\_ DAY PH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EVE PH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**SECTION 2 PROPERTY OWNER**  Same as above

NAME: \_\_\_\_\_ DAY PH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EVE PH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**SECTION 3 LOCATION**

WELL LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ APN#: \_\_\_\_\_

QTR: \_\_\_\_\_ QTR: \_\_\_\_\_ SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ N, RANGE: \_\_\_\_\_

**SECTION 4 ADDITIONAL INFORMATION FOR SMALL PUBLIC WATER SYSTEMS**

NUMBER OF “CONNECTIONS” PROPOSED: \_\_\_\_\_

NUMBER OF RESIDENTS ON SYSTEM: \_\_\_\_\_ NON-RESIDENTS: \_\_\_\_\_

NAME OF SYSTEM OR ID NUMBER: \_\_\_\_\_

**SECTION 5 ADDITIONAL INFORMATION FOR IRRIGATION ONLY WELLS**

NUMBER OF “CONNECTIONS” PROPOSED: \_\_\_\_\_

NAME OF SUBDIVISION IS: \_\_\_\_\_

\* Irrigation Well Approval Policy is available upon request.

PLEASE COMPLETE OTHER SIDE

**SECTION 6 WATER SOURCE – DESCRIPTION OF THE WATER SOURCE**

**IF GROUND WATER**

WELL DEPTH: \_\_\_\_\_

GALLONS PER MINUTE: \_\_\_\_\_

DIAMETER: \_\_\_\_\_

WATER STATIC LEVEL: \_\_\_\_\_

DRILLING CO: \_\_\_\_\_

DRILL DATE: \_\_\_\_\_

**IF SURFACE WATER**

NAME OF THE SOURCE: \_\_\_\_\_

STREAM  SPRING  OTHER

IF unnamed, write unnamed spring, etc.

DEPARTMENT OF ECOLOGY WATER RIGHT CERTIFICATE # \_\_\_\_\_

**State law requires an authorized WATER RIGHT for water use in these situations:**

**A) ALL SURFACE WATER withdrawals, and/or**

**B) GROUNDWATER withdrawals EXCEEDING 5000 gals/day.**

**SECTION 7 WATER SYSTEM COMPONENTS**

Please mark all components that apply to existing/proposed water system:

Reservoir  Pressure Tank  Other

**WATER TREATMENT**

Disinfection (list type) \_\_\_\_\_

Filtration  Reverse Osmosis  Iron  Softener  None in place

I certify that the information provided is true to the best of my knowledge. I understand that in order to process my application, I grant staff from Clark County Public Health (CCPH) access to the site for inspection purposes. Even though I may have been assisted in the preparation of the above application by employees of the CCPH, I assume all responsibility for the accuracy of the information.

\_\_\_\_\_  
APPLICANT SIGNATURE (or authorized representative)

\_\_\_\_\_  
Date

PRINTED NAME: \_\_\_\_\_

**CCPH STAFF USE ONLY**

WP# \_\_\_\_\_ Tax lot # APN \_\_\_\_\_ Well Tag # \_\_\_\_\_

**SAMPLE ANALYSIS RESULTS:**

Bacteria:

Nitrate:

Arsenic:

DATE PAID: IN OW WA

AMT RCVD: \$ AR FA

EHS: ON SR