



507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
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www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY

Accepted By:

Permit #:

Date Processed:

Receipt #:

**FORM
I/S****ADEQUATE WATER SUPPLY DETERMINATION
INDIVIDUAL/SHARED WELLS \$450**

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.

Property Owner Information

Owner Name:

Mailing Address (City, State, Zip):

Phone Number:

Email:

Site Information

Parcel #

Project Location:

Existing Unique Well ID#:

Mitigation certificate #:

Water System Use

*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."

Please describe the proposed project:

Project Use

- ☐ Addition of potable water to a dry structure
- ☐ Addition that adds fixtures, if it creates an additional dwelling unit
- ☐ New building with potable water
- ☐ Remodel that adds fixture, if it creates an additional dwelling unit
- Does the parcel currently have a structure with plumbing? ☐ YES ☐ NO
- Does the well serve another parcel? ☐ YES ☐ NO

Please check one of the following:

- ☐ This well has been put to beneficial use for domestic purposes before one of the following dates below (as applicable based on parcel location) and I am not required to mitigate:
- ☐ Upper Kittitas County*: July 16, 2009
 - ☐ Lower Kittitas County (outside the defined Upper Kittitas County area*): June 2, 2014
- ☐ I WILL mitigate for exempt well groundwater use. Please provide the following documentation of mitigation:
- ☐ Determination of Water Budget Neutrality from Washington State Department of Ecology; OR
 - ☐ A copy of the water right associated with the source of water, OR
 - ☐ Kittitas County Water Mitigation Certificate

*Area is defined by WAC 173-539A-030

Please Initial Statement Below:

_____ I certify that the information provided is true and accurate and I understand that if the project description should change it is my responsibility to inform the Kittitas County Public Health Department and that the department may require different and/or additional requirements.

***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, or the life of the associated active building permit, whichever is later and has no force or effect thereafter. All applicable fees may be non-refundable. ***

ADEQUATE WATER SUPPLY DETERMINATION INSTRUCTIONS INDIVIDUAL/SHARED WELLS

- 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.

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

Please provide the following for FORM I/S:	
<input type="checkbox"/>	Complete all parts of the application
<input type="checkbox"/>	Provide a copy of the well log or 4-hour draw-down test (A well log older than 10 years will require a 4-hour draw-down test per KCC 13.35.050 (b)(ii)(2). 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"/>	A current well water quality test which includes a passing bacteriological (within 1 year) and nitrate (within 3 years) result.
<input type="checkbox"/>	8 ½ by 11" site plan following the Unified Site Plan Requirements. The Unified Site Plan Requirements can be found at: https://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins/Residential%20submittal%20requirements/Unified%20Site%20Plan.pdf which includes, but is not limited to 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"/>	Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate, or other proof of mitigation. Determinations can be obtained by contacting Ecology at (509)575-2490. Contact the Kittitas County Public Health Department regarding Kittitas County Water Mitigation Certificates.
<input type="checkbox"/>	Recorded proof of mitigation on deed/title with the Kittitas County Auditor.
<input type="checkbox"/>	Recorded proof of Kittitas County metering agreement on deed/title with the Kittitas County Auditor.
<input type="checkbox"/>	Check or cash for applicable fees.
<input type="checkbox"/>	Recorded shared well users' agreement. (SHARED WELL ONLY) This form can be found at http://www.co.kittitas.wa.us/health/services/water-banking-building-permits.aspx
FOR SHARED WELLS ONLY	
<input type="checkbox"/>	If the 100-foot well protection zone overlaps with the adjoining parcel, include the site plan or as-built for the adjoining parcel.

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

*Mail to: Kittitas County Public Health
507 N Nanum Street Suite 102
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