

## 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.**

|  |
|--|
| <b>Please provide the following for FORM I/S:</b>  |
| <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.<br>Well logs can be accessed from the Washington State Department of Ecology (Ecology) at (509)575-2490 or on their webpage at <a href="https://fortress.wa.gov/ecy/waterresources/map/WCLSWebMap/default.aspx">https://fortress.wa.gov/ecy/waterresources/map/WCLSWebMap/default.aspx</a>   |
| <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 : <a href="http://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential%20submittal%20requirements/B-002%20-%20Unified%20Site%20Plan.pdf">http://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential submittal requirements/B-002 - Unified Site Plan.pdf</a> 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 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. Individual/Shared Well: \$480.   |
| <input type="checkbox"/> Recorded shared well users agreement .(SHARED WELL ONLY)<br>This form can be found at <a href="http://www.co.kittitas.wa.us/health/services/water-banking-building-permits.aspx">http://www.co.kittitas.wa.us/health/services/water-banking-building-permits.aspx</a>   |
| <b>FOR SHARED WELLS ONLY</b>   |
| <input type="checkbox"/> If 100 foot well protection zone overlaps onto 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  
Ellensburg, WA 98926**



507 N. Nanum Street, Suite 102  
 Ellensburg, WA 98926  
 T: 509.962.7515 F: 509.962.7581  
[www.co.kittitas.wa.us/health/](http://www.co.kittitas.wa.us/health/)

|                               |
|-------------------------------|
| <b>FOR OFFICIAL USE ONLY:</b> |
| Accepted By: _____            |
| Tracking #: _____             |
| Date Processed: _____         |

|             |
|-------------|
| FORM<br>I/S |
|-------------|

## ADEQUATE WATER SUPPLY DETERMINATION INDIVIDUAL/SHARED WELLS

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: _____<br>Mailing Address: _____<br>City, State, Zip: _____<br>Project Location: _____ | Phone #: _____<br>Parcel #: _____<br>E-mail: _____<br>Existing Unique Well ID#: _____<br>Mitigation certificate #: _____ |
|--|--|

**PROJECT USE:**

- New dwelling unit\* with potable water
- Remodel that adds fixtures, and creates an additional dwelling unit.\*
- Addition that adds fixtures, and creates an additional dwelling unit. \*
- Addition of potable water to a dry structure
- Replacement structure with no previous I/S form on file if built after 2008

**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."

Does the parcel currently have a structure with plumbing?  YES  NO

Does the well serve another parcel?  YES  NO

**Please provide the following:**

- Well log, reconstructed well log, or 4-hour draw down well test
- 8 ½ by 11" site plan following the Unified Site Plan Requirements. The Unified Site Plan Requirements can be found at : [http://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential\\_submission\\_requirements/B-002 - Unified Site Plan.pdf](http://www.co.kittitas.wa.us/uploads/cds/building/informational-bulletins//Residential_submission_requirements/B-002 - Unified Site Plan.pdf)
- Current passing nitrate (within 3 years) and bacteriological (within 1 year) well water tests
- If shared well, please provide a recorded shared well users agreement  
If 100 foot well protection zone overlaps onto adjoining parcel; include the site plan or as-built for the adjoining parcel.
- Recorded Water Budget Neutrality Determination, Kittitas County Water Mitigation Certificate or other proof of mitigation on deed/title with Kittitas County Auditor
- Recorded metering agreement on deed/title with Kittitas County Auditor

**\*\*\*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 affect thereafter. All applicable fees may be non-refundable. \*\*\***

**Please check one of the following:**

- This well has been put to beneficial use for domestic purposes prior to 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 defined by WAC 173-539A-030

**STATEMENTS OF UNDERSTANDING**

|   |  |
|---|--|
| _____<br>(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. |
| _____<br>(Initials)                         | I understand that Kittitas County Public Health Department (KCPHD) strongly recommends that I consult with the Department of Ecology prior to submitting this application. I also understand that this application is a public record that may be reviewed by the Department of Ecology who may ask me for proof of any assertions I make on the application, and has the ability to enforce WAC 173-539A independent of any Kittitas County actions.  |
| _____<br>(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.  |
| _____<br>(Initials)                         | I understand that adding a 2nd 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 Washington State Department of Health.  |
| _____<br>(Initials)                         | I certify that I have read and understand the Adequate Water Supply Determination Instructions and Form.   |
| _____<br>(Initials)                         | I understand that by mitigating water usage through a private water bank, I am required to comply with WAC 173-539A-070 and Kittitas County Code Chapter 13.35.027 (7) which requires compliance with the Kittitas County Metering Agreement.  |
| Property Owner Signature: _____ Date: _____ |  |

**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 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, 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 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 choose 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: \_\_\_\_\_

**OFFICIAL USE ONLY**

Review of Application: \_\_\_\_\_

TRACKING #: \_\_\_\_\_

|   |  |
|---|--|
| Project is proposing to utilize an individual well with 1 connection?<br>IF NO: Is the proposal a 2-party shared well or a group system?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                              |
| Does the application provide a valid well ID number for the proposed project?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| Project is in the Upper Kittitas County boundary as defined by 173-539A WAC:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Application materials for the proposed project are attached and complete:<br>• A copy of the well log OR a 4-hour draw down test:<br>• A current passing (within ≤ 1 year) bacteriological and nitrate (within ≤ 3 years) well water test:<br>• Site map identifying the location of the proposed project and well location<br>• Site map of adjoining shared well parcel if 100 foot well protection zone overlaps property line | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| A Determination of Water Budget Neutrality or other proof mitigation was provided.<br><br><input type="checkbox"/> Determination of Water Budget Neutrality from Washington State Department of Ecology; OR<br><input type="checkbox"/> A copy of the water right/claim associated with the source of water; OR<br><input type="checkbox"/> Kittitas County Water Mitigation Certificate  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| Has proof of mitigation been recorded on Deed/Title with Kittitas County Auditor? Has metering agreement been recorded on Deed/Title with Kittitas County Auditor?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Water Quality Technology/Storage Required: _____  | <input type="checkbox"/> 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.

**INDIVIDUAL/SHARED WELL ADEQUATE WATER SUPPLY DETERMINATION FEE \$480**

Total Fee Due: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_