



GRANT COUNTY HEALTH DISTRICT

1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960

www.granthealth.org

WATER AVAILABILITY REVIEW APPLICATION

Please fill out this form in full and submit all requested information. Failure to do so will delay building permits. If you are not applying for a building permit, do not submit this form.

Name of Applicant		Phone	
Email		Building Permit#	
Mailing Address	City, State, Zip Code		
Location Address	City, State, Zip Code		
Subdivision	Div.	Block	Lot
Tax Parcel	Section	Township	Range

WATER SYSTEM TYPE: (check one and complete, see attached chart to help determine system type)

1) Public Water System "Group A" or "Group B"

Submit the following information (to be completed by the water system purveyor):

Name of system _____ State ID # _____

Number of approved connections _____ Number of existing connections _____

Is water available for this building application on this parcel of land? Yes No

Printed Name of Purveyor

Signature of Purveyor

Date

2) Public Water System "Shared Well"

a) A copy of your well log. If no log is available, a pumping test may be required.

b) A certified water lab report for: coliform (<1 year old) and nitrate (<3 years old) samples.

c) A copy of the recorded shared well agreement with included easements.

3) Private Water System "Individual Well"

a) A copy of your well log. If no log is available, a pumping test may be required.

b) A certified water lab report for: coliform (<1 year old) and nitrate (<3 years old) samples.

4) Private Water System "Same Farm Exempt"

a) A copy of your well log. If no log is available, a pumping test may be required.

b) A certified water lab report for: coliform (<1 year old) and nitrate (<3 years old) samples.

c) A copy of the recorded Same Farm Affidavit.

My signature certifies that this information is true to the best of my knowledge. I grant permission to the Health District to make reviews required by the permit process. I understand that this application will become public record. I understand that any decision made by the Health District may be appealed, provided the appeal is made in writing and delivered to the Health District within 10 days of the decision. I also understand that the evaluation of the Health District of the water supply is limited to a review of the documents and tests I provide. It is my responsibility under RCW 19.27.097 to certify my water source to the building official. I also understand this is not a review of legal availability under RCW 90.44.050. I also understand that supplying incorrect and/or incomplete information may result in permit revocation and/or additional costs may be incurred. If a refund is requested, a processing fee will be charged based upon services rendered.

APPLICANTS SIGNATURE _____ DATE _____

*****FOR OFFICE USE ONLY*****

Approved/Denied (circle) By: _____ Date _____

Fee _____ Date _____ Initial: _____ Receipt # _____ Date Bldg. Dept. Notified _____

Facilities that require a Group A or Group B public water system:

- (a) Food service, chapter [246-215](#) WAC
- (b) Food inspection, chapter [16-165](#) WAC
- (c) Residential treatment facility, chapter [246-337](#) WAC
- (d) Transient accommodations, chapter [246-360](#) WAC
- (e) Assisted living facility licensing rules, chapter [388-78A](#) WAC

Public Water System

Group A Water System Serves:

15 or more service connections
OR
25 or more people per day for
60 or more days per year.

Group B Water System Serves:

Less than 15 service connections
AND
Less than 25 people per day
OR
25 or more people per day during fewer than 60 days per year, provided the system does not serve 1,000 or more people for 2 or more consecutive days.

Residential Shared Well Serves:

2 service connections serving 2 single family dwellings.

Private Water System

Private Water System Serves:

One connection to a single family residence.

Private Water System “Farm Exempt” Serves:

4 or fewer service connections all of which serve residences on the same farm where the parcels are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes