



# Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

**Personal Health:** 509/886-6400 • FAX 886-6478

**Environmental Health:** 509/886-6450 • FAX 886-6449

**Community Health & Preparedness:** 509/886-6400 • FAX 886-6478

“Always Working for a Safer and Healthier Chelan County and Douglas County”

## **PRIVATE WATER SYSTEMS**

Private water systems are those systems intended to serve one or two homes. Prior to receiving an onsite septic permit for a new building, applicants must complete a **Private Water Review** to demonstrate access to an adequate potable water supply. Buildings served by a private well will require the following:

**WELL LOCATION:** Private wells must be located 50 feet from all property lines or right of way easements, whichever is more restrictive. Wells intended to serve community/Group B public water systems (three or more connections) have additional setbacks and 100 foot radius sanitary control area requirements (call for more info). For properties using a private well and unable to accommodate setback requirements, applicants can either 1) secure a Restrictive Covenant from their neighbor for that part of the 50 foot radius which falls outside of their property or 2) may request consideration of a variance if you can't obtain the Restrictive Covenant. The District will consider variance requests based upon supplemental technical information provided by the applicant from a Professional Engineer or Hydrogeologist which indicates whether the water source will be adequately protected with a reduced setback. *If a variance is necessary, applicants must discuss this issue with Chelan-Douglas Health District prior to having the well drilled BECAUSE THERE IS NO GUARANTEE THAT A VARIANCE WILL BE GRANTED AND THE PROJECT APPROVED.*

**WELL CONSTRUCTION:** Wells must be constructed by a licensed well driller. Well construction must comply with Department of Ecology regulations provided in WAC 173-160.

**WELL COVENANTS:** You will need to record covenant(s) for the 50 foot sanitary control area around the well. A Declaration of Covenant is needed for the part of the 50 foot sanitary control area you own and must be recorded to your title. For any part of the 50 foot sanitary control area lying outside your property, you will need a Restrictive Covenant from each neighbor owning any part of your sanitary control area. The Restrictive Covenant is signed by your neighbor and recorded to his/her tax parcel and to yours. The Health District has examples of each Covenant but we also recommend you seek the advice of your attorney.

**QUANTITY:** A minimum flow rate of 400 gallons/day/connection is required. This volume is sufficient to provide for routine domestic use **NOT** including irrigation. Flow rate information is generally provided in well log reports. If this flow rate information is not on the well log report, the Health District requires 3<sup>rd</sup> party verification of flow rate by an approved contractor and/or service provider. There are two types of quantity verifications:

- Wells that produce over 5 gallons per minute. These wells are routinely tested by pumping all the calculated storage volume in the well casing plus 400 gallons production from the bedrock per connection. Typically a well driller pumps high pressure air to the

bottom of the casing which forces water out of the top. This water is captured and calculated in gallons per minute.

- Lower yield wells that produce less than 5 gallons per minute. These wells are usually tested with a temporary electrical submersible pump which uses a timed drawdown and recovery test. If you have a lower yield well, please call the Health District for more information as there are other requirements for lower yield wells.

**QUALITY:** Water may contain contaminants that are harmful to human health. Prior to approval, water samples must be analyzed for the presence of coliform bacteria and nitrates. Bottles for collecting water samples are available at the Health District and some local government offices (call for info). Samples can be submitted to the Health District or any other private lab for analysis. If using a private lab, test results must be forwarded to the District for review.

**TWO-PARTY WELLS:** A private well may be used to supply water for **two** domestic connections. To qualify, a private well must provide sufficient water quantity (400 gallons/day/connection) and a recorded Well User's Agreement must be placed on the property title(s). If future subdivision of a property is contemplated, the District recommends placement of the well consistent with the full 100 foot sanitary control radius required for Group B water systems. Two-party wells which can't comply with the minimum 100 foot setback requirement may not be approvable as a future Group B water system.

**DUG WELLS, SURFACE WATERS & SPRINGS:** Dug wells, surface water, and springs are highly undesirable for domestic use due to their increased risk of contamination. In addition, surface water withdrawals require a water right issued by the Department of Ecology. In most cases, these sources will require continuous disinfection and compliance with applicable sanitary control area regulations. In addition, notice to a property's title will be required. Applicants considering use of a dug well, surface water, or spring are advised to contract the Health District Staff for more information.



# PRIVATE WATER SYSTEM REVIEW APPLICATION

Fee: \$244

Code: 520

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

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME AND MAILING ADDRESS OF APPLICANT (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_

PARCEL SIZE: \_\_\_\_\_

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

\_\_\_\_\_  
\_\_\_\_\_

Is the property within the boundaries of a recognized public water utility?  
(If so, give name of utility)

NO  Yes \_\_\_\_\_

STREET ADDRESS OR DRIVING DIRECTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TYPE OF USE:

Residential (single family). Number of homes:  One  Two  
If more than one property is served, you will need to prepare and record a  
**Joint Use and Maintenance Agreement.**

Commercial or Multi-family. **Describe number of dwelling units,  
employees, shifts, type of business, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SOURCE INFORMATION:

Existing  Proposed  Spring  Surface water  
 Dug well  Drilled well: DoE Tag #: \_\_\_\_\_

The following items must also be submitted:

Bacteriological test results  
 Nitrate test results

Sample submittal date \_\_\_\_\_

to

Health District lab or  
 Other lab

Well log and/or pump test  DOE Water Right (springs  
and surface water)

Method of disinfection and filtration for springs and surface  
water sources, and for wells that cannot obtain satisfactory  
bacteriological samples.

Declaration of Covenant

Restrictive Covenant, if necessary

Joint Use and Maintenance Agreement, if necessary

Easements, if necessary

### SOURCE PROTECTION:

Is the well site at least 100 feet (spring 200 ft) from septic systems,  
barn, corrals, fuel, fertilizer or pesticide storage or mixing stations, or  
other potential sources of contamination?

Yes.  No. Please describe: \_\_\_\_\_

Is the well site at least 50 feet (spring 200 ft) from all property lines or  
right of way easements (whichever is more restrictive)?

Yes.  No. Please attach copies of **Restrictive Covenants**  
or a completed **Well Site Variance Request** application.

**SYSTEM LAYOUT AND LOCATION SKETCH:** Please attach or draw  
a scaled map of the proposed well and water system. Please include  
all the items described on the back of this application.

**APPLICANT'S STATEMENT:** I understand that this review will be based  
upon the information provided, and on an on-site inspection of the property by  
Health District personnel. I accept responsibility for correctly identifying the  
locations of the source site, property lines, and the other items described in  
this application. I understand that any changes of these locations or  
inaccuracy in any of the items described may invalidate any approval granted  
for this application. In the event that approval is denied, I understand I have  
the option of appeal.

\_\_\_\_\_  
(Applicant Signature)

**SYSTEM LAYOUT AND LOCATION SKETCH:**

In the space below, please provide a plan view drawing of your proposed water system. If an existing plan is to be used, please identify that plan here, and attach this application to it. The plot plan must be drawn to scale. The following items (existing and proposed) must be shown on the plan (include relative elevations if known):

- Property lines with dimensions.
- Adjacent streets and roads
- Arrow indicating North
- Buildings - existing and proposed
- Water lines, reservoirs, pump houses
- Direction of slope
- Easements, underground utilities
- Surface water, irrigation ditches, drainage ditches
- Other wells, abandoned wells, septic systems, animal enclosures, etc.
- Water source, minimum 50ft from property lines
- OR-**
- if serving a new subdivision or short plat:**
- Water source, with a 50ft radius sanitary control area.

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Health District Use Only

Comments:

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- Approved
- Not Approved.

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EHS, Chelan-Douglas Health District

Date

- **The following sampling schedule is recommended after the private water system is approved:**
  - **Bacteria:** One bacteria sample testing every 12 months
  - **Nitrate:** One nitrate sample testing every 36 months.