



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER COMMUNITY**

**Chelan-Douglas Health District**  
200 Valley Mall Parkway, East Wenatchee, WA 98802  
**Environmental Health:** (509) 886-6400 | FAX 886-6449

**Email:** EHSupport@cdhd.wa.gov

- New Group B \$774 INTERNAL 522
  - Well Site Inspection (Public Water) \$275 INTERNAL 527
  - Group B System Review, Expanding, or Modification \$466 INTERNAL 526
- Office Review Only : \_\_\_\_\_

## Group B Public Water System Application

Date: \_\_\_\_\_

Name & Mailing Address of Water System Owner:

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

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

Email: \_\_\_\_\_

### IDENTIFICATION OF WELL SITE:

County: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Driving Directions to Well Point: \_\_\_\_\_

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

### GENERAL SYSTEM INFORMATION:

Existing/Expanding Water System  New Water System

Name of Water System: \_\_\_\_\_

Existing Public Water ID Number: \_\_\_\_\_

Total (full buildout) Service Connections: \_\_\_\_\_

Total Service Population: \_\_\_\_\_

### DESCRIPTION OF WATER SYSTEM:

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

### WELL SITE INSPECTION / APPROVAL:

Proposed  Existing DOE Tag #: \_\_\_\_\_

Attached scaled site plan with well point location identified

### NEW or EXPANDING SYSTEM DESIGN PACKAGE:

Group B Design Workbook including:

- Scaled Service Area / Distribution Map
- Well & Pump House drawings and specifications
- Distribution System drawings and specifications
- Property Title Disclosure Notice (copy)
- Documented compliance with SMA requirements (new system only)
- Documented compliance with Public Water System Coordination Act
- Completed or updated WFI form
- Well Log
- Well Pump test results
- Water quality test results (complete IOC and bacteria)
- Sanitary control area protective covenants
- Distribution system easements

### Additional Information (if required):

- Ground water withdraw Water Right Permit
- Storage tank drawings and specifications
- Booster pump(s) drawings and specifications
- Fire flow calculations
- Low well yield water supply contingency
- Water users agreement (optional)
- Secondary contaminant treatment design
- Intertie agreement

**Owner'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. **I understand that all refund requests will be subject to a non-refundable processing fee of \$91.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chelan-Douglas Health District**

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