

WATER AVAILABILITY VERIFICATION (W.A.V.)



RCW 19.27.097 requires proof of potable water prior to issuance of building and placement permits. Submittal of the following materials will allow the Health Department to determine if your water system meets potable water requirements in Klickitat County.

Please submit the following during our business hours: Monday through Friday, 8 am to 5 pm. If this application is for a building permit, please notify the front desk or the sanitarian.

1. Complete application with payment of all applicable fees (\$150).
2. Submittal of a well tag or well log id#. Well logs can be found online at the state department of ecology's website; <http://www.ecy.wa.gov/programs/wr/wells/wellhome.html/>
3. Results of a bacterial water analysis from Klickitat County Health Department within the last 12 months or a lab using EPA standard methods
4. Results of a nitrate water analysis from Klickitat County Health Department within the last 12 months or from a lab using EPA standard methods
5. Results of a 4 hour pump test if the well report indicates a water yield less than 5 gallons per minute
6. Verification of water rights if 5000 gallons per day are being utilized, or if you are using surface water as a source

PLEASE NOTE: If you would like a well site inspection, please notify the sanitarian.

If a well house is planned to be built around the well head, a building permit might be needed. Please contact the building department to confirm if a permit is needed or not.

1-800-583-8078.

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The application below is for **INDIVIDUAL WATER SYSTEM REVIEW ONLY**. This application is required to meet WAV requirements for building permits in Klickitat County under **RCW 19.27.097**. **There is a \$150 fee for WAV approval.**

PROPERTY INFORMATION

Parcel Number: _____ **Lot Size:** _____
Site Address: _____
City: _____ **State:** _____ **Zip:** _____

CONTACT INFORMATION

Name: _____ **Phone:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____

Source Type: Well Spring Other: _____
 Locked Gate? Yes No Code or Key Location: _____

PLEASE PROVIDE THE SETBACK DISTANCES FROM YOUR SOURCE TO THE LISTED POTENTIAL SOURCES OF CONTAMINATION.

SEPTIC TANK _____	NEIGHBORS SEPTIC TANK _____
DRAINFIELD _____	NEIGHBORS DRAINFIELD _____
DRAINFIELD RESERVE AREA _____	NEIGHBORS RESERVE AREA _____
HOME CLEAN OUT _____	NEAREST COUNTY OR STATE ROAD _____
CESSPOOL OF PRIVY _____	UNDERGROUND STORAGE TANKS _____
RAILROAD TRACKS _____	NEAREST BODY OF SURFACE WATER _____
ANIMAL HOLDING AREA _____	MANURE LAGOON OR PILE _____

HEALTH DEPARTMENT USE ONLY

Bacteria Results Lab #: _____ Satisfactory Unsatisfactory

Nitrate Results Lab #: _____ mg/L: _____

At the this time of review: Meets minimum water quality standards
 DOES NOT meet minimum water quality standards

Reviewed By: _____

Date: _____

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 115 West Main Street
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 Goldendale, WA 98620
 509-773-4565

Klickitat County Health Department

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 White Salmon, WA 98672
 509-493-1558