



Request For Review: Individual Water Supply

Property Tax Account #: _____ Lot #: _____ Sec: _____ Twp: _____ Rg: _____
Well Location: _____ City: _____
Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Applicant Email: _____

DECLARATION OF APPLICANT _____ declares as follows:
(Printed Name of Applicant)

I have had made available to me the rules and regulations concerning the provisions of an adequate and potable water supply as set forth in the Growth Management Act of 1990, RCW 19.27.097, as well as the Department of Ecology *Guidelines for Determining Water Availability* for such new buildings. I hereby certify that the water samples/results presented to the Snohomish County Health Department for purposes of bacteriological and inorganic chemical sample analyses are from the individual water supply source located on the above described property.

Bacteriological Lab # _____ Inorganic Lab # _____

I DECLARE THE ABOVE STATEMENT TO BE TRUE AND CORRECT AND MADE SUBJECT TO THE PENALTIES FOR PERJURY UNDER THE LAWS FOR THE STATE OF WASHINGTON.

DATED this _____ day of _____
(Signature of Applicant)

FOR REVIEW, THE FOLLOWING INFORMATION MUST BE SUBMITTED:

1. Copy of Water Well Report (well drillers log) to verify well constructed as per WAC 173-160.
2. Testing the yield of the well per WAC 173-160-321 and sufficient in detail to demonstrate a 400 gallon/day minimum (800 gallon/day for two connection systems).
3. Satisfactory results of a bacteriological analysis.
4. Satisfactory results of the primary inorganic chemical analyses for the following elements: arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver, sodium, fluoride, and nitrate.

For two connection systems, the following additional information must be provided:

- a. Property tax account number for second connection _____
- b. Recorded water use agreement, easements, and/or declaration (two copies).

FOR HEALTH DEPARTMENT USE

WATER SUPPLY ACCEPTED WATER SUPPLY NOT ACCEPTED

Comments/Conditions _____

Sanitarian Name _____ Date: _____

Acceptance of this *Request for Review of an Individual Water Supply* is based on information provided by the declarant. Upon acceptance by the Health Department, this water supply is found to be consistent with the "Guidelines for Determining Water Availability for New Buildings" as established by the Washington State Department of Health and the Washington State Department of Ecology, Ecology Publication 93-27, April 1993 and chapter 6.05 Snohomish County Board of Health Code (SCBHC) Consequently, this water source will be considered adequate for the purposes of fulfilling the requirements of RCW 19.27.097 as applied to the issuance of building permits. However, this review does not address the issue of water rights and, therefore, provides no opinion as to the applicant's legal right to use the subject water source.

Rev12/29/22

Environmental Health Division