



Klickitat County Health Department
*To preserve, promote, and protect
the health of all people in Klickitat County*

PROOF OF POTABLE WATER FOR INDIVIDUAL WELLS

RCW 19.27 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 the potable water requirements.

Klickitat County Health Department

Goldendale Office
228 W Main MSCH-14
Goldendale, WA 98620
Phone (509) 773-4565 FAX (509) 773-5991

White Salmon Office
501 NE Washington
White Salmon, WA 98672
Phone (509) 493-1558 FAX (509) 493-4025

Business Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

1. **COMPLETED APPLICATION FORM.**
2. **SUBMITTAL OF WELL TAG OR WELL LOG ID #.** Obtained through: <http://apps.ecy.wa.gov/welllog/>
3. **RESULTS OF BACTERIAL WATER ANALYSIS FROM KLICKITAT COUNTY HEALTH DEPARTMENT OR A WASHINGTON STATE CERTIFIED LABORATORY TAKEN WITHIN THE LAST 12 MONTHS**
4. **RESULTS OF NITRATE WATER ANALYSIS FROM KLICKITAT COUNTY HEALTH DEPARTMENT OR A WASHINGTON STATE CERTIFIED LABORATORY TAKEN WITHIN THE LAST 12 MONTHS**
5. **RESULTS OF A 4 HOUR PUMP TEST IF WELL RPORT INDICATES A WATER YIELD LESS THAN 5 GPM**
6. **WATER RIGHTS IF GREATER THAN 5000 GPD IS BEING UTILIZIED.** Water rights information can be obtained through the Department of Ecology: <http://www.ecy.wa.gov>
7. **PAYMENT OF ALL FEES**

INDIVIDUAL DRILLED WELL APPLICATION & RESULT FORM

Owner(s) _____ Phone: _____

Mailing Address _____ City _____ Zip _____

Contact Person _____ Phone _____

Project Description _____

Site Address _____ City _____

Tax Parcel Number _____ Lot # _____

Well Tag or Well Log ID # _____ Parcel Size _____

Well site approval by: _____ Licensed well driller _____ Other _____

Well Information: Driller: _____ Date Completed: _____

Depth (feet) _____ The well produces _____ gallons per minute (GPM).

Located on the highest ground possible? ___ Up hill from contamination? ___

Protected from flooding surface, or subsurface drainage? Yes _____ No _____

Nearest property line _____ feet, if less than 100', has neighbor been notified? Yes ___ No ___

Sewage Disposal Information: ___ On-site sewage system ___ Public Sewer

SETBACKS: DISTANCES FROM YOUR WELL TO POTENTIAL SOURCES OF CONTAMINATION:

SEPTIC TANK _____	NEIGHBOR'S SEPTIC TANK _____
DRAIN FIELD _____	NEIGHBOR'S DRAIN FIELD _____
DRAIN FIELD REPLACEMENT AREA _____	NEIGHBOR'S REPLACEMENT AREA _____
PIPE FROM HOUSE TO SEPTIC TANK _____	NEAREST COUNTY OR STATE ROAD _____
CESSPOOL/PRIVY _____	UNDERGROUND STORAGE TANKS _____
RAILROAD TRACKS _____	NEAREST LAKE/STREAM/SWAMP _____
ANIMAL HOLDING AREA _____	MANURE LAGOON/PILE OR BARN _____

*The attached bacteriological and nitrate samples were taken from the water source on the aforementioned property.

Owner/Agent Signature: _____ Date: _____

WATER QUALITY AND QUANTITY RESULT

The individual drinking water system has been evaluated and found to be:

Satisfactory

Satisfactory, attached conditions: _____

Unsatisfactory because _____

Health Department Approval: _____ Date: _____