

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 for domestic use if you are using a 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: _____

Well Depth: _____ WA Dept. of Ecology Well Tag #: _____

Gallons per minute: _____ Well Log Submitted? YES NO

Owner/Applicant Statement: I, the undersigned, hereby certify that the information provided is true and accurate to the best of my knowledge. I hereby assume all responsibility for the accuracy of the information contained herein.

Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

Bacteria Results **Lab #:** _____ Satisfactory Unsatisfactory

Nitrate Results **Lab #:** _____ **mg/L:** _____

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

Reviewed By: _____ **Date:** _____

Goldendale Office
228 West Main Street
MS-CH 14
Goldendale, WA 98620
509-773-4565

Klickitat County Health Department

White Salmon Office
501 NE Washington St/ PO Box 159
White Salmon, WA 98672
509-493-1558