



Health & Community Services

# San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250

Phone: (360) 378-4474 Fax: (360) 378-7036

## CERTIFICATE OF WATER AVAILABILITY APPLICATION INSTRUCTIONS

Revised 11/2016

San Juan County Health & Community Services reviews applications for Certificates of Water Availability to determine if the proposed water supply is adequate, based on the requirements listed below. Complete the Certificate of Water Availability form, attach the required information and fee of \$150.00, and submit it to:

**Mail to:** SJC HCS Department  
PO Box 607  
Friday Harbor, WA 98250

**or Hand Deliver to:** SJC HCS Department  
145 Rhone St  
Friday Harbor, WA

**If submitting for a building permit, please provide a date-stamped copy of the Water Availability application page or a receipt of submittal from Health with your building permit application.**

### 8.06.140 Certificate of Water Availability - Building Permits

- A. Applicants for building permits for construction of new structures that contain plumbing fixtures dependent on potable water for their operation must obtain a certificate of water availability. Applications for "After the Fact" building permits shall be treated as a "new structure" for the purpose of requiring a certificate of water availability.
- B. Applicants for a building permit to remodel or expand an existing structure shall obtain a certificate of water availability when any of the following conditions exist:
  1. When the remodel/addition results in a change of use from a residence to a commercial structure or conversion of an accessory structure to a residential use.
  2. When the remodel/addition results in the creation of an accessory dwelling unit.

#### A. Individual Well

A legally constructed well with a minimum capacity of 200 gallons per day, meeting San Juan County drinking water standards. The following documentation is required:

- Water Well Report** (Well Log).
- Documentation that the well produces a minimum of 200 gallons per day.** Well log or a 4-hour pump test by a licensed professional.
- Inorganic chemical analysis:** The water must be analyzed for **arsenic, barium, fluoride, nitrate, sodium, chloride, and conductivity** by a state-accredited lab. Submit copy of lab report.
- Bacteriological test:** Attach lab report for a sample obtained within last 6 months.
- Site plan:** Attach site plan showing distances, in feet, from the well to property lines, easements, existing and proposed buildings, roads, septic systems, sewer lines, marine and fresh water, and include adjacent property within one hundred feet of the well.
- Well Site Inspection Report:** Attach copy of Well Site Inspection Report. *Required for wells drilled after October 1996.*
- Water Meter:** Initial application certifying that water meter has been installed. *Required for wells drilled after July 2007.*

## B. Community Water Systems:

A community water system serves three or more residences on separate parcels or serves the public. Applicants proposing to connect to a community water supply must **obtain the purveyor's signature**. The water system purveyor (as listed on the current operating permit or water facilities inventory form) must complete and sign the section pertaining to community water systems on the back side of the *Certificate of Water Availability*.

Community systems must be in compliance with current state and county regulations and have capacity for a new connection. Certificates of Water Availability will not be issued on systems that are out of compliance.

## C. Individual Alternative Water Source:

San Juan County recognizes several alternative water sources that individuals can utilize to demonstrate an adequate water supply for single-family residential use. Each of these systems requires specific design information be submitted and approved. **Requirements for alternative systems are available online (see below)**. All alternative water sources must record a declaration of covenant with the Auditor's office that indicates the water source is alternative and list all operation and maintenance requirements. Alternative water sources include: rainwater catchment; hauled water storage; desalination of seawater; arsenic, barium and/or fluoride treatment; and, an individual well producing less than 200 gallons per day

## D. Seawater Intrusion Protection:

Individual wells located on properties less than 5 acres and meeting two or more of the risk assessment parameters listed below, must submit a surveyed wellhead elevation performed by a licensed surveyor, in addition to the above application requirements. This information will be reviewed to determine if a hydrogeologic report and/or mitigation is required.

### Risk Assessment Criteria

<u>Location criteria</u>	<u>Groundwater Criteria</u>
1. Within 1000 feet of the shoreline, or	1. Wells completed in unconsolidated material: water level elevations less than 8 feet above sea level (based on NAVD 88), or
2. Within 1000 feet of wells with chloride levels greater than 160 ppm, or	2. Wells completed in bedrock: pumping water level below sea level, or
3. Within 1000 feet of wells with changes in chloride levels greater than 20 ppm	3. Well tests 100 ppm or greater for chloride; or changes in chloride levels greater than 20 ppm, or
	4. Well chemical analysis confirms chloride from sea water intrusion

## E. Special Requirements:

1. All commercial structures providing water to the public and/or employees must be served by an approved public water system.
2. All Accessory Dwelling Units (ADU) must utilize the same water supply as the main residence per San Juan County Code 18-40-240 F 3.

*Note: See [sanjuanco.com](http://sanjuanco.com) for Polaris mapping application and Health Department Drinking Water Program documents, including approved Certificates of Water Availability and information on alternative water sources.*



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## CERTIFICATE OF WATER AVAILABILITY APPLICATION

Certificate Number: \_\_\_\_\_

- Certificates of Water Availability are issued for building permits where water availability must be determined and are valid only for the related building project. Approval is valid for one year from the date issued.
- Incomplete applications will be held for 90 days after review and request for additional information. After 90 days a new application will be required.
- Complete this application and ***SUBMIT TO HEALTH & COMMUNITY SERVICES WITH THE APPLICATION FEE.***

### PROPERTY INFORMATION:

Tax Parcel Number: \_\_\_\_\_ Property Size (acres): \_\_\_\_\_

Island: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Location Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

### APPLICANT INFORMATION:

Name of Applicant(s): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Building Permit is for:**  New Residence  ADU - Attached  ADU - Detached
- Commercial Structure: \_\_\_\_\_
- Other New Structure: \_\_\_\_\_

**Water Source:**  Community Water  Individual Well  Alternative: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that a **water meter** has been installed (required for individual wells drilled after July 2007)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not. I understand that granting this approval does not presume to give authority to violate or cancel provisions of any other state or local laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designer/Agent

\_\_\_\_\_  
Date

Applicant/Owner Name(s)

Parcel #

Certificate Number: \_\_\_\_\_

**Community Water System:**

This section is to be completed by the water system purveyor.

The \_\_\_\_\_ community water system is currently approved for \_\_\_\_\_ connections and is serving \_\_\_\_\_ connections. This system will supply parcel # \_\_\_\_\_ with \_\_\_\_\_ connection(s). This approval is for the purpose of issuing a building permit only and does not supersede requirements of the community water system. This approval is for (check all that apply):

- New Residence       ADU - Attached       ADU - Detached
- Commercial Structure
- Other New Structure with plumbing

Purveyor's Name: \_\_\_\_\_ System \_\_\_\_\_

Purveyor Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Purveyor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Health Department comments: \_\_\_\_\_

- Water Supply is adequate       Water Supply is inadequate

Signature of Health Official

Date