



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Community Health & Preparedness: 509/886-6400 • FAX 886-6478

“Always Working for a Safer and Healthier Chelan County and Douglas County”

Group B Public Water Systems

Group B public water systems serve fewer than 15 service connections and less than 25 people per day **OR** fewer than 15 service connections and 25 or more people per day for fewer than 60 days per year (WAC 246-291-005). Typically these systems are designed and approved during land division projects (short or long plats). Examples of a Group B system would include:

- A system serving a six lot subdivision with six single family residences with three of the lots having accessory dwelling units (nine total connections, 22.5 people).
- A business complex with 20 full time employees split between two buildings.
- A system serving two duplexes and two single family homes (six total connections, 15 people)
- A system serving three single family homes with one home having a separate shop that is a place of employment for people from outside the home. The other two homes include separate structure with piped water that serves as a retail or commercial business open to customers or clients. This system serves three dwelling units plus three nonresidential connections for a total of six connections.

The Health District can only approve new or expanding systems up to 9 connections and can't approve any waivers to the Group B code. For systems over 9 connections and need waivers or variances, these systems need to be reviewed and approved by the Washington State Dept. of Health (DoH). Please call the Health District for more information.

All systems need to be designed by following the *Group B Water System Design Guidelines* (DoH publication 331-467) and the information submitted in the format of the *Group B Design Workbook* (DoH pub 331-468). Both publications can be found on our website or the DoH Group B website:

<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB.aspx>

Typically a Professional Engineer will design the water system, however; the Health District can allow non-engineers to design some systems. Non-engineers can only design systems that have:

- No variable speed pumps
- No fire flow
- No special hydraulic considerations
- No atmospheric storage tanks in which the bottom elevation of the reservoir is below the ground surface
- No more than 9 service connections

The steps required to complete a new or expanding Group B water system include:

1. Documentation of well site approval by DoH or Local Health. The Health District recommends doing this first **before** drilling the well point. You will need to own in fee simple or control by Restrictive Covenant all the land within 100 feet of the well point. For expanding systems we will visit the site to document the existing well point and potential issues with the 100 foot sanitary control area around the well point. If there are issues with the sanitary control area you may need a variance or waiver from DoH before proceeding with the *Workbook*.
2. A complete Group B Design *Workbook*. Other formats are acceptable but must have all the design elements of the *Workbook*. Rather than trying to fit everything into the small spaces in the *Workbook*, please attach:
 - Scaled service area map with accurate lot lines and dimensions including necessary water easements.
 - Well and pump house detailed drawings and specifications.
 - Distribution system detailed drawing and specifications.
3. Please include with the *Workbook* copies of:
 - Property Title Disclosure Notice (*Guidelines*, Chapter 2.6 and Appendix C). Do not record the Notice at this time. For new systems the owner or Health District will record this Notice to each parcel served by this system at a later date before the system is put in use. For expanding systems we will have the owner record the document to each existing and proposed parcel after we review the Disclosure. The Health District has a copy of this form.
 - Written documentation that demonstrates compliance with PWS Coordination Act (*Guidelines*, Chapter 2.4).
 - For new systems only: written documentation that demonstrates compliance with Satellite Management Agency requirements (*Guidelines*, Chapter 2.5 and Appendix B). For a list of local SMAs please see the Dept. of Health's Group B SMA website at:
<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/SatelliteManagementAgencies.aspx>
 - Completed or updated Water Facilities Inventory (WFI)
 - Well Log
 - Well Pump Test results (*Guidelines* Chapter 4.1 and Appendix F)
 - Well water quality sampling results (complete IOC and bacteria)
 - Well sanitary control area protective covenants (*Guidelines*, Chapter 4.3). Required in all cases even if the 100' sanitary control area radius falls completely within the project boundaries.
 - The locations and dimensions of easements for the water distribution piping, reservoirs, wells, and pumping station. Typically this is shown on plats for new construction but existing systems may need to have these easements developed and recorded.
4. More complex and larger systems may need:
 - Ground water withdraw Water Right permit or other Dept. of Ecology approval
 - Storage tank sizing, detailed drawings, and specifications
 - Booster pump sizing, detailed drawings, and specifications
 - Fire Flow calculations (if required by the local fire authority)
 - Low Well Yield Water Supply Contingency Plan (if less than 5.0 gpm well yield)
 - Intertie agreement if your water system buys water from a larger water system.

5. Optional:

- Water users' agreement – (*Guidelines* Chapter 2.8 and Appendix D). This document is recorded to each parcel of the system and contains information as to operating budgets, fees, recordkeeping, governing board, bylaws, etc. This may also be developed by the users of the system at a later date much like a Homeowners Association.

Once the system design package is deemed complete, the Health District will review the application and forward a copy of the design with our approval letter to the state Dept of Health for a Public Water System (PWS) ID number. With the PWS number we will issue the construction permit for the water system. The owner of the system will have 3 years to complete the system or the construction permit/approval expires. The Health District (or the engineer of the system if the project was designed by a Professional Engineer) will conduct a final “construction completion” inspection. If there were changes to the proposed/approved distribution system, we will require a scaled asbuilt drawing of the distribution system with the changes prior to approving the system for use.

After the system is installed, approved for use by the Health District, there are no requirements for continuing water quality sampling, however; we do highly recommend sampling the system for coliform bacteria once a year and for nitrates every three years. This helps ensure a safe water supply. The only time the owner of the water system will be required to contact the Health District are:

- When the owner of the system changes. We will update our files with the new owner's name, mailing address, and phone number in case we need to contact that person during a public health emergency involving the water system.
- When someone requests permission to connect to the system for a building permit. We will instruct the applicant to contact the water system owner on file who will then indicate their approval of the connection in writing back to the Health District. We will update our files to reflect the new connection.
- When the owner or water system operator has any questions or needs Group B technical assistance.

If you have any questions about the Group B public water system approval process, please call the Chelan-Douglas Health District at (509) 885-5000 and you will be sent to the sanitarian assigned to your area.



Group B Public Water System Application

		2014 Fees	
<input type="checkbox"/>	Design Package Review	\$413	526
<input type="checkbox"/>	Well Site Inspection	\$244	527
<input type="checkbox"/>	Design Review and Well Site Inspection	\$686	522
<input type="checkbox"/>	Other _____		

DATE: _____

NAME AND MAILING ADDRESS OF WATER SYSTEM OWNER:

PHONE #: _____

EMAIL: _____

NAME AND MAILING ADDRESS OF WATER SYSTEM DESIGNER:

PHONE #: _____

EMAIL: _____

IDENTIFICATION OF WELL SITE:

COUNTY: _____

ASSESSOR'S PARCEL NO. _____

STREET ADDRESS OR DRIVING DIRECTIONS TO WELL POINT:

GENERAL SYSTEM INFORMATION:

Existing / Expanding Water System New Water System

Name of Water System: _____

Existing Public Water System ID Number : _____

Total (full buildout) Service Connections: _____

Total Service Population: _____

DESCRIPTION OF WATER SYSTEM:

WELL SITE INSPECTION / APPROVAL:

Proposed Existing – DOE Tag #: _____

Attached scaled site plan with well point location identified

NEW or EXPANDING SYSTEM DESIGN PACKAGE:

Group B Design Workbook including:

- Scaled Service Area / Distribution Map
- Well & Pump House drawings and specifications
- Distribution System drawings and specifications
- Property Title Disclosure Notice (copy)
- Documented compliance with SMA requirements (new system only)
- Documented compliance with Public Water System Coordination Act
- Completed or updated WFI form
- Well log
- Well pump test results
- Water quality test results (complete IOC and bacteria)
- Sanitary control area protective covenants
- Distribution system easements

Additional Information (if required):

- Ground water withdraw Water Right Permit
- Storage tank drawings and specifications
- Booster pump(s) drawings and specifications
- Fire flow calculations
- Low well yield water supply contingency plan
- Water users agreement (optional)
- Secondary contaminant treatment design
- Intertie agreement

OWNER'S STATEMENT: I understand that this review will be based upon the information provided, and on an on-site inspection of the property by Health District personnel. I accept responsibility for correctly identifying the locations of the source site, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may invalidate any approval granted for this application. In the event that approval is denied, I understand I have the option of appeal.

(OWNER'S Signature)

Well Site Inspection

Based upon a site inspection visit on _____ this well site is considered:

Satisfactory Satisfactory with correctable deficiencies Not Satisfactory Requesting DOH to review site

Copy of well site inspection form, well site photos, and approval letter sent to DoH and owner for their review/files.

Comments:

Signature, CDHD Staff

Group B System Approval Milestones:

Date	Staff Initials	Item
_____	_____	Well site inspection conducted, inspection form attached
_____	_____	Design Workbook deemed complete and under review, water system paper file created
_____	_____	Forward design package and Workbook approval letter to DoH via email for PWS ID number (new systems only)
_____	_____	Received PWS ID number (new systems only) from DoH
_____	_____	Construction Permit Issued and sent to owner with copy of approved Workbook, construction permit expires 3 years from this date
_____	_____	Construction completion inspection by Health District or report from system engineer
_____	_____	System deemed operational and ready for new connections, letter sent to owner

Comments: