



Yakima Health District
1210 Ahtanum Ridge Drive
Union Gap, Washington 98903
Phone (509) 575-4040

SAME FARM EXEMPTION PROCESS

The owner of a farm may make a formal request, either through the Yakima Health District or through the Washington State Department of Health, Drinking Water Division for exemption from Group B Drinking Water Regulations (WAC 246-291). This exemption can be granted by the Yakima Health District under a Joint Plan of Operation between the Washington State Department of Health and the Yakima Health District by meeting the "Same Farm" definition as defined under WAC 246-291-010. This exemption is valid for up to four residential connections occupied by the farmer, the farmer's family, the farmer's employees, or the farmer's employee's family.

WAC 246-291-010 states "A parcel of land or series of parcels which are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purpose and does not qualify as a Group A water system."

To make formal request through the Yakima Health District for a same farm exemption, please complete the following and return it to this office:

1. Fill out and submit a Public Water Supply Assistance Application for a Same Farm Exemption Review and submit it to the Yakima Health District with the appropriate fee.
2. Complete the enclosed affidavit of same farm exemption and sign it in the presence of a Commissioned Notary Public.
3. Fill out the attached Water Facilities Inventory Form.
4. Write a cover letter which includes a statement of purpose for the farm exemption (why you are applying), the farm name, complete mailing address, phone number, the legal description of the well which serves the residents (i.e. the parcel number), farm block and unit number (if applicable), and a simple map of the well site and homes to be served. (An aerial photo with the required information shown is okay.)
5. YHD will contact you to schedule a site visit.

YHD will send a determination letter. If approved, records must be updated with the Washington State Department of Health every 5 years.



Office Use			
Case #	Date	Initial	_____
Amt	Check #	Code	Receipt #

SAME FARM EXEMPTION APPLICATION

PARCEL #: _____ **Well Site Address:** _____

Applicant Information:		Property Owner Information (if different):	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	
Contact information (if different from above):			

1. Existing Well Proposed New Well
2. Name of water system (if applicable): _____ ID # _____
3. Current number of connections used: _____ Number of connections proposed: _____
4. List tax parcel numbers for lots served and proposed to be served by this system:

Service and Fees Clearly mark your selection in the right column			
Water System Review Letter for Subdivision (no site visit required)	\$80	H_H2O003	<input type="checkbox"/>
Hourly Rate for Extended Services	\$140	H_H2O007	<input type="checkbox"/>

Our review of your water system does not confer or guarantee any right for you to withdraw or divert groundwater. Contact your local planning department, the Washington State Department of Ecology, or the Yakima Nation for more information about your legal rights to use groundwater. Our approved number of service connections is based on your representation of available water quantity and may be reduced commensurate with your actual legal right to withdraw groundwater.

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of the public record, and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays in completing your requests, permit revocation, and/or additional costs.

Applicant Signature _____ **Date** _____

Revised 102324

**Department of Health
Office of Drinking Water**

Notice of Adoption – Policy Statement

Title: Same Farm Exemption | A.09.2

Issuing Entity: Department of Health

Subject Matter: Criteria for a Water System to be Eligible for the Same Farm Exemption.

Effective Date: May 1, 2025

Contact Person: George Onwumere,

george.onwumere@doh.wa.gov

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 24, 2025

TIME: 2:43 PM

WSR 25-10-006

Washington State Department of Health

Office of Drinking Water

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a doh.information@doh.wa.gov.

Policy Statement

Title:	Same Farm Exemption
Policy Statement Number:	A.09.2
References:	RCW 70A.125.010 (12); WAC 246-290-010; WAC 246-291-010; Chapter 246-358 WAC
Contact:	George Onwumere, Field Operations Manager
Phone:	564-233-1452
Email:	George.onwumere@doh.wa.gov
Effective Date:	May 1, 2025
Supersedes:	Policy A.09 dated April 12, 1995
Approved By:	Holly Myers, Director, Office of Drinking Water

The Department of Health (WA DOH) or designee should use the criteria in this policy to identify a water system that meets the criteria for a Same Farm Exemption (SFE), and their eligibility for the SFE. These include water systems that have four or fewer connections, all of which serve residences on the same farm. These water systems are excluded from the definition of a “Group B public water system” under [RCW 70A.125.010\(12\)](#), and all the connections must serve a single-family residence, as defined in [WAC 246-291-010\(62\)](#) and consistent with [WAC 246-290-010\(215\)](#). **The exemption does not apply to water systems that meet the definition of a Group A public water system, in accordance with [chapter 246-290 WAC](#) and [Title 40 CFR 141.2](#).**

These water systems may meet the criteria outlined in this document for the SFE, however other federal, state, or local permitting agencies may require these water systems to be served by an approved public water system. [WAC 246-291-010\(62\)](#) lists several potential water systems that must be approved as a public water system.

Definitions

- **Same Farm** means a parcel of land or series of parcels that are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes and does not qualify as a Group A public water system. [WAC 246-290-010\(215\)](#).
- **Group B public water system** means a public water system that is not a Group A public water system, and is defined and referenced under [WAC 246-291-005](#). Water systems with four or fewer connections all of which serve residences on the same farm may be exempted from the definition of "Group B public water system" [RCW 70A.125.010\(12\)](#).
- **Group A public water system** means a system for the provision to the public of water for human consumption through pipes or, after August 5, 1998, other constructed conveyances, if such system has at least fifteen service connections or regularly serves an average of at least twenty-five individuals daily at least 60 days out of the year. [Title 40 CFR 141.2](#)

Eligibility for Exemption

If a water system requests the SFE from the Group B water system regulations, the owner must sign and return the attached affidavit stating:

- The water system has four or fewer connections, all of which serve a single-family residence, as defined in [WAC 246-291-010\(62\)](#);
- The residences served by the water system are all part of the "same farm" as defined under [RCW 70A.125.010\(12\)](#), and [WAC 246-291-010\(56\)](#); and
- The water system provides drinking water for fewer than twenty-five people per day for less than 60 days per year.

A water system is not considered exempt until WA DOH or its designee designates the water system as exempt by letter, following the receipt and review of the exemption criteria documents.

Maintaining Same Farm Exemption

Every five years, the water system owner must reaffirm the system's status by resubmitting a signed affidavit provided by WA DOH or its designee, as well as an updated Water Facilities Inventory (WFI) form indicating the number of residents. WA DOH will collect this data and send reminders as staffing capacity allows.

Losing Same Farm Exemption

If at any point, the water system no longer meets the criteria for “same farm” exemption, the exemption no longer applies, and the water system will be reclassified.

Reclassified or newly identified public water systems will be contacted by WA DOH staff with instructions on how to obtain approval for the appropriate public water system and meet ongoing system requirements.

Coordinated Planning

Even if a farm's water system is exempt from Group B regulations, it is a public water system under [RCW 70A.100.030\(3\)](#) for the purposes of the Coordination Act if the system was created after September 21, 1977.

Farms with Employees

According to [WAC 296-307-09512](#), an employer must provide potable water for their employees..Employees must be prohibited from drinking from irrigation ditches, creeks, or rivers. Potable water must meet the quality standards for drinking purposes of the state or local authority or must meet quality standards of the United States Environmental Protection Agency's National Interim—Primary Drinking Water Regulations, published in [40 C.F.R. Part 141](#) and [40 C.F.R. 147.2400](#).

Requirements for Temporary Worker Housing (TWH)

If the farm has temporary farm workers living on-site, [chapter 246-358 WAC](#) and [WAC 296-307-16130](#) establishes potable water requirements for their housing.

The same farm exemption does not apply to public water systems providing drinking water for TWH, as defined in [chapter 70.114A RCW](#). [WAC 246-358-055](#) requires TWH operators to “provide a safe and reliable supply of drinking water from an approved Group A or Group B public water system.”

I, _____, being first duly sworn on oath, depose and say: That I _____ own _____ water system (attach property address, parcel sketch, water facilities inventory form) and that said system serves four or fewer connections, all of which serve residences on the "same farm", as defined in WAC 246-290-010 or 246-291-010.

I understand that this affidavit is in effect for five years and that if the population increases where it meets the definition of a Group A water system (RCW 70.A.125 and WAC 246-290), the water system no longer meets the criteria for “same farm” exemption and the exemption is revoked. A Group A water system is defined as a water system providing service to fifteen or more service connections or regularly serving at least twenty-five year-round residents; or twenty-five or more different people each day for sixty or more days within a calendar year; or one thousand or more people for two or more consecutive days within a calendar year.

(*Owners Signature*)

SUBSCRIBED AND SWORN to before me this _____ day of _____.

Notary Public in and for the state of Washington

My Commission Expires: _____



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

1. SYSTEM ID NO.	2. SYSTEM NAME <<INSERT SYSTEM NAME>>	3. COUNTY	4. GROUP	5. TYPE																						
6. PRIMARY CONTACT NAME & MAILING ADDRESS		7. OWNER NAME & MAILING ADDRESS																								
Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.																										
STREET ADDRESS IF DIFFERENT FROM ABOVE		STREET ADDRESS IF DIFFERENT FROM ABOVE																								
ATTN		ATTN																								
ADDRESS		ADDRESS																								
CITY	STATE	CITY	STATE	ZIP																						
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION																								
Primary Contact Daytime Phone:		Owner Daytime Phone:																								
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:																								
Primary Contact Evening Phone:		Owner Evening Phone:																								
Fax:	E-mail:	Fax:	E-mail:																							
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)																										
<input type="checkbox"/> Not Applicable (Skip to #12) <input type="checkbox"/> Owned & Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only		SMA Name: Click or tap here to enter text.	SMA Number: Click or tap here to enter text.																							
12. WATER SYSTEM CHARACTERISTICS (mark all that apply)																										
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service / Food Permit <input type="checkbox"/> 1,000+ person event for 2 or more days/year		<input type="checkbox"/> Hospital <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park		<input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc):																						
13. WATER SYSTEM OWNERSHIP (mark only one)				14. STORAGE CAPACITY (gallons)																						
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City/Town <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Private <input type="checkbox"/> State																										
15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY	19 USE	20	21 TREATMENT	22 DEPTH	23	24 SOURCE LOCATION																	
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL	WELL IN A WELL FIELD	WELL FIELD	SPRING IN SPRINGFIELD	SPRING	SEA WATER	RANNEY / INF. GALLERY	PERMANENT	NONE	EMERGENCY	SEASONAL	OTHER	OTHER	IRRADIATION (UV)	FLUORIDATION	FILTRATION	CHLORINATION	DEPTH TO FIRST OPEN TERRAIN IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
	Well #1																									

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME		3. COUNTY		4. GROUP		5. TYPE						
			Yakima		Same Farm								
					ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS						
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)													
A. Full Time Single Family Residences (Occupied 180 days or more per year)													
B. Part Time Single Family Residences (Occupied less than 180 days per year)													
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)													
A. Apartment Buildings, condos, duplexes, barracks, dorms													
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year													
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year													
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)													
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)													
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.													
					28. TOTAL SERVICE CONNECTIONS								
29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year? _____													
30. PART-TIME RESIDENTIAL POPULATION		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?													
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?													
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month that are NOT already included in the residential population?													
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
34. NITRATE SCHEDULE (One Sample per source by time period)		QUARTERLY				ANNUALLY				ONCE EVERY 3 YEARS			
35. Reason for Submitting WFI: <input checked="" type="checkbox"/> New System If not a new system, find the current WFI online: WFI direct link													

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ TITLE: _____