

DIVISION OF DRINKING WATER
POLICY/PROCEDURE

Title:	Same Farm Exemption	Number: A.09
References:	WAC 246-290-010 and 246-291-010	
Contact:	Rich Sarver	
Effective Date:	April 12, 1995	
Supersedes:	N/A	
Approved:		Director, Division of Drinking Water

PURPOSE STATEMENT/BACKGROUND

A matter involving the approval of an existing two connection public water system has raised the issue of what documentation should be required to demonstrate that a water system qualifies for the "same farm" exemption. Under RCW 70.119A.020(4), WAC 246-290-020, and WAC 246-291-010, water systems with four or fewer connections, all of which serve residents on the same farm are excluded from the definition of "public water systems" and are not subject to State Board of Health regulations regarding public water systems. The legislative intent of the "same farm" exemption is to exempt family and farm laborer residences from the regulatory burden imposed by the classification of the system as a public water system. The purpose of this policy/procedure is to clarify what documentation will be accepted as proof of classification as "same farm".

POLICY

When considering a "same farm" exemption, the Department shall designate a water system exempt if the water system owner signs an affidavit stating that the system serves four or fewer residences and that the residences served by the system are part of the "same farm" as defined under RCW 70.119A.020(4) and WAC 246-290-010 or 246-291-010 and that they will be occupied by the farmer, members of the farmer's family, the farmer's employees or the members of the employees' families.

In Re: _____)
_____ Water System)
_____ COUNTY)
ID # _____)
_____)

AFFIDAVIT OF SAME FARM
DESIGNATION

STATE OF WASHINGTON)
County of _____) ss

I, _____, being first duly sworn on oath, depose and say:
That I _____ own _____ water system and that
said system serves four or fewer residences and that the residences served by the system are
part of the "same farm" as defined in WAC 246-290-010 or 246-291-010 and that the
residences will be occupied by me, members of my family, my employees and/or members
of my employees' families.

(Owners Signature)

SUBSCRIBED AND SWORN to before me this _____ day of _____,
19__.

Notary Public in and for the State of Washington
My Commission Expires: _____