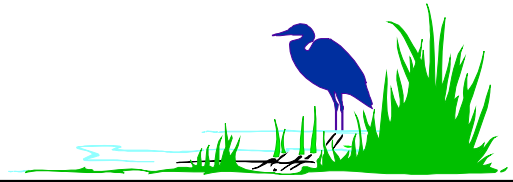


# MASON COUNTY PUBLIC HEALTH



415 North 6th ST, PO BOX 1666, SHELTON WA 98584  
 SHELTON (360) 427-9670 ELMA (360) 482-5269 BELFAIR (360) 275-4467  
 WEB <http://www.co.mason.wa.us> FAX (360) 427-8442

## APPLICATION FOR WELL SITE INSPECTION

Date Received	Receipt Number: _____ WEL: _____
	<ol style="list-style-type: none"> <li>1. Complete Part 1, (\$155.00 Fee). Incomplete applications will be rejected.</li> <li>2. <b>Attach a detailed plot plan.</b></li> <li>3. <b>Clearly stake out or flag the well site.</b></li> <li>4. Submit application and appropriate fee(s) to the Mason County Health Dept.</li> <li>5. <b>NO NOTICE WILL BE GIVEN PRIOR TO INSPECTION</b></li> </ol>

### PART 1: Applicant / Parcel Identification

Water System Name \_\_\_\_\_

Site Address \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parcel Number \_\_\_\_\_

Directions to Site \_\_\_\_\_

Water Source is:  New  Existing      Number of  
 System Type:  Well  Spring      Proposed Connections \_\_\_\_\_

### PART 2: Health Department Review (Staff Use Only)

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of existing sources of contamination within 100 foot radius of water source? (drainfields, tanks, buildings; indicate distance on plot plan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there roads within the 100 foot radius of the water source? If so, is road private, County or State. What is distance to ROW? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the ground slope away from the water source site? (show slope on plot plan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the well cap satisfactory?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Screened and vented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The well casing extends _____ above level ground / concrete slab? (circle one)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of a surface seal?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the seal appear adequate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a variance necessary for well site approval?

Comments \_\_\_\_\_

Pass      Fail      Inspector \_\_\_\_\_ Date \_\_\_\_\_

Finding and determinations of this review reflect observed conditions as they existed on the day of the site inspection. No claim is made, express or implied of the future success or failure of this system.

Well Site passage does not constitute water system approval. Water system approval is a two part process. 1) Passage of the well site. 2) Approval of the water system design. Once the well site is passed the water system design may be submitted for review