



PO Box 1666, 415 N 6<sup>th</sup> Street, Bldg 8, Shelton WA 98584,  
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400  
FAX (360) 427-7787

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## Where Should I Site My Well?

### Group B Well:

If your well is a Group B well (serves more than 1 and less than 15 residential connections **AND** serves less than 25 people a day or any number of people for less than 60 days/yr.) Mason County Public Health must approve the well siting. An application for well site inspection will need to be submitted.

The setbacks and placement considerations for a Group B well are:

- ❑ The well site should be located on the highest ground possible, up-slope from potential contamination sources.
- ❑ The well site must be out of floodway and protected from flooding as well as surface or subsurface drainage.
- ❑ The right to exercise complete sanitary control of the land in a 100-foot radius around the well must be secured through recorded covenants.
- ❑ The following minimum distances shall be maintained:
  - 25 ft fresh water swamps, ponds, streams and lakes, and private roads (from ROW).
  - 50 ft County Roads (from ROW).
  - 75 ft State or Federal Roads (from ROW).
  - 100 ft from sewage systems drainfields including proposed and reserve sites (provided that the design has been approved for installation by Mason County Health Services), outhouses, manure lagoons, sewage lagoons, hazardous waste sites, marine water and salt water intrusion areas, livestock barns and livestock feed lots, pipelines used to convey materials with contamination potential, chemical and petroleum storage areas including underground storage tanks, herbicides, insecticides, garbage of any kind, and structures.
- 1000 ft from solid waste landfills

In addition, the Mason County Planning Department administers several regulations, which govern the location of development activities such as wells in relation to critical areas including saltwater, streams, wetlands and steep slopes. Prior to contacting Public Health for a well site inspection Mason County Planning needs to be contacted if a planning pre-inspection has not yet been done for your property. The planning pre-inspection will identify these critical areas and their setback for you.



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### **GROUP B WATER SYSTEMS**

The procedure for obtaining Group B water system approval is a multi-stage process. The stages, in order, are as follows:

- 1) Water source approval
- 2) Drilling the well
- 3) Workbook/design approval
- 4) Contracting with a Satellite Management Agency (SMA)
- 5) Installation and final approval

A water system must satisfactorily complete each stage before approval can be given. Each stage has a number of requirements and issues that must be addressed before the next stage can be pursued. Most of the forms that you will need are included in this packet.

The workbook portion of the water system approval process must be completed by a professional engineer or by a certified water system designer certified to design in Mason County, Kitsap County or Thurston County. Mason County certified water system designers are as follows:

**Reg Hearn     (360) 876-0958**  
**Mike Davis    (360) 275-5367**  
**Ron Wiley     1-800-894-4421**  
**Nick Ernst    (360) 275-7501**

To obtain information on certified designers from Thurston and Kitsap Counties contact their respective health departments. It is the responsibility of the designer to submit a complete workbook for review and to guide you through the process to avoid unnecessary complications.

If you have any questions, please call Stephanie Kenny at 427-9670 ext.: 581.



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**APPLICATION FOR WELL SITE INSPECTION**

<u>Permit Number</u>	<u>Payment Information</u>	<u>Instructions</u>
WEL _____	Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check  Date of Payment _____	<ol style="list-style-type: none"> <li>1. Complete Part 1. Incomplete applications will be rejected</li> <li>2. Attach a detailed plot plan</li> <li>3. Clearly stake out or flag the well site</li> <li>4. Submit application and appropriate fee(s) , (\$155.00 Fee). to Mason County Public Health.</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      **System Type:**  Well  Spring      **No. of 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"/>	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.



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### NOTICE TO ALL NEW WATER SYSTEMS

On July 23, 1995, Senate Bill 5448 (E2SS 5448) was passed by the Washington State Legislature and became law. This bill affects approval of all new water system by requiring that they be owned and/or operated by a Satellite Management Agency (SMA).

The law specifically states that no new public water system may be approved or created unless either

- 1) it is owned or operated by a SMA established under RCW 70.116.134 and the SMA complies with financial viability requirements of the department;

**OR**

- 2) an SMA is not available and it is determined that the new system has sufficient management and financial resources to provide safe and reliable service. Approval of any new system not owned or operated by a SMA shall be conditioned upon future ownership or management by an SMA when one becomes available.

Attached is a list of WDOH approved SMA's for Mason County.

If you have any questions, please call Carol Spaulding at 427-9670 ext. 580.

## WDOH APPROVED SATELLITE MANAGEMENT AGENCIES

### **Aquarius Utilities**

#### ***Ownership, Management & Operations***

Greg Roats  
PO Box 1085  
Poulsbo, WA 98370  
(360) 779-1565  
**(SMA #151)**

### **Clearwater Utility Services LLC**

#### ***Management & Operations only***

Tim Tayne  
219 Little Street Southwest  
Tumwater, WA 98512  
(360) 357-5537  
**(SMA #146)**

### **H & R Waterworks, Inc.-- Ownership and Management & Operations**

Steve Harrington, President  
PO Box 542  
East Olympia, WA 98540  
(360) 357-3277  
**(SMA #123)**

### **H2O Management Services-- Management & Operations only**

Drew Noble  
151 East Leisure Lane  
Grapeview, WA 98546  
(360) 427-0654

### **(SMA #140) Mason County PUD No. 1-- Ownership and Management & Operations**

Willie Pierce, Superintendent  
N. 21971, Hwy 101  
Shelton, WA 98584  
(360) 877-5249  
**(SMA #111)**

### **Northbay Water Utility Corporation-- Ownership only**

Clay Whitehead  
1286 NW Maryland  
Chehalis, WA 98532  
(360) 748-3805  
**(SMA #113)**

### **Northwest Water Systems-- Management & Operations only**

Reg Hearn, President  
PO Box 123  
Port Orchard, WA 98366  
(360) 876-0958  
**(SMA #119)**

### **Peninsula Light-- Ownership and Management & Operations**

Lisa Raysby, P.E., Water Department Mgr  
13315 Goodnough Dr., NW Purdy  
PO Box 78  
Gig Harbor, WA 98335-0078  
(253) 857-1511  
(253) 857-1590  
**(SMA #118)**

### **Thurston Public Utility District**

#### ***Ownership, Management & Operations***

Kim Gubbe  
921 Lakeridge Way Southwest, Suite 201  
Olympia, WA 98502  
(360) 357-8783  
**(SMA #147)**

### **Tri-County Water-- Management & Operations only**

Clay Whitehead  
1286 NW Maryland  
Chehalis, WA 98532  
(360) 748-3805

### **(SMA #138) Washington Water Service**

#### ***Company Northwest Region-- Ownership and***

#### ***Management & Operations***

Dan Brown, NW Regional Operations Mgr  
14519 Peacock Hill Ave., NW  
Gig Harbor, WA 98332  
(253) 851-4060  
**(SMA #114)**

### **Washington Water Service Company**

#### ***Southwest Region-- Ownership and***

#### ***Management & Operations***

Paul Robischon, SW Regional Operations Mgr  
6800 Meridian Rd., SE  
Olympia, WA 98513-6302  
(360) 491-3760  
**(SMA #114)**



\*\*\*\*\* \$173.50 FEE WILL BE APPLIED \*\*\*\*\*

DEPARTMENT OF COMMUNITY DEVELOPMENT  
ADDRESSING DIVISION  
PO Box 186, Shelton WA 98584  
(360) 427-9670 ext. 281 or 284

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

PLEASE PROVIDE DRIVING DIRECTIONS OR DRAW A MAP TO YOUR PROPERTY. DESCRIBE LAND MARKS, ADDRESSES ETC.  
CLEARLY MARK YOUR PROPOSED DRIVEWAY WITH FLAGGING OR STAKES.

The Mason County Addressing Ordinance requires you to post your new address within 30 days of it being issued to you.

It must be placed at your driveway entrance clearly visible from the road in reflective contrasting material. It must be posted to any structure with 30 days of its erection in a contrasting color, visible from the roadway or driveway.

\*\*\*\*\*THIS SECTION IS FOR OFFICIAL USE ONLY\*\*\*\*\*

YOUR NEW ADDRESS IS:

\_\_\_\_\_  
\_\_\_\_\_

RECEIVED \_\_\_\_\_ LOGGED IN \_\_\_\_\_ TIDEMARK \_\_\_\_\_ FIRE DISTRICT \_\_\_\_\_

BILL \_\_\_\_\_ BILLED CASE \_\_\_\_\_ PAID \_\_\_\_\_



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**NOTICE OF INTENT TO CONSTRUCT A WELL**

<u>Permit Number</u>	<u>Payment Information</u>	<u>Instructions</u>
WEC _____	Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check  Date of Payment _____	<ol style="list-style-type: none"> <li>Complete Part 1, (\$77.00 Fee). Incomplete applications will be rejected</li> <li>Attach a plot plan and vicinity map.</li> <li>Submit this completed application with appropriate fee(s) a minimum of 24 hours in advance of initiating well construction.</li> <li>Mason County Public Health must receive notification at least 24 hours prior to the drilling of the well.</li> </ol>

**PART 1: Applicant / Parcel Identification**

Site Address \_\_\_\_\_ Start Card # \_\_\_\_\_

Drilling Firm \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

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

Is the well site within 100 feet of salt / seawater?  Yes  No  
 If yes, a variance from DOE is required. Have you applied / received (circle one) a variance?  Yes  No

\_\_\_\_\_  
 Applicant / Agent Signature

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

YES	NO	TAG # _____	Called In _____
<input type="checkbox"/>	<input type="checkbox"/>	Driller on Site?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the well capped and Vented?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of a surface seal?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a 2" annular space on all sides of the casing?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the seal Slumped?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the well flowing or is there evidence of other leakage?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of cascading water?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence that the seal is at least 18 feet long?	
<input type="checkbox"/>	<input type="checkbox"/>	Do the well site set-backs appear to be appropriate?	

Comments \_\_\_\_\_

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

Return To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESTRICTIVE COVENANT FOR PUBLIC WATER SYSTEM**

I (We) the undersigned, grantors hereby declare this covenant and place same on record.

I (we) the grantor(s) herein, am (are) the owner(s) in fee simple of (an interest in) the following described real estate situated in Mason County, State of Washington; to wit: (abbreviated legal description of property owned by grantor)

\_\_\_\_\_  
Subdivision                      Division                      Lot                      OR                      Range                      Township                      Section

And having the Tax Parcel Number of: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

The grantee(s) herein, \_\_\_\_\_, own(s) and operate(s) a well and waterworks supplying water for public use, located upon the following described real estate situated in: (Abbreviated legal description of property where well is sited)

\_\_\_\_\_  
Subdivision                      Division                      Lot                      OR                      Range                      Township                      Section

And having the Tax Parcel Number of: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

which well and waterworks is in close proximity to the land of the grantor(s), and said grantee(s) is (are) required to keep the water supplied from said well free from impurities which might be injurious to the public health.

It is the purpose of these grants and covenants to prevent certain practices hereinafter enumerated in the use of the said grantor(s) land which might contaminate said water supply.

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantee(s), its successors and assigns said covenants to run with the land for the benefit of the land of the grantee(s), that said his (her)(their) heirs, successors and assigns will not construct, maintain, or suffer to be constructed or maintained upon the said land of the grantor(s) and within 100 (One Hundred) feet of the well herein described, so long as the same is operated to furnish water for public consumption, any potential sources of contamination to include: any tanks, sewage system drainfields, roads, railroad tracks, vehicles, structures, barns, feed stations, grazing animals, enclosures for maintaining fowl for animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, or garbage of any kind or description.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefits of each owner thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

State of Washington                      )  
County of Mason                      )

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, who is known to be signer of the above instrument, and acknowledged that he (she) (they) signed it.

GIVEN under my hand and official seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington  
residing at \_\_\_\_\_

My commission expires : \_\_\_\_\_



