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:

- Bill Bernier  (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.
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.
APPLICATION FOR WELL SITE INSPECTION

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Payment Information</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEL___________</td>
<td>Receipt Number ______</td>
<td>1. Complete Part 1. Incomplete applications will be rejected</td>
</tr>
<tr>
<td></td>
<td>□ Cash</td>
<td>2. Attach a detailed plot plan</td>
</tr>
<tr>
<td></td>
<td>□ Check</td>
<td>3. Clearly stake out or flag the well site</td>
</tr>
<tr>
<td></td>
<td>Date of Payment ______</td>
<td>4. Submit application and appropriate fee to Mason County Public Health. Refer to Mason County Environmental Health fee schedule for cost.</td>
</tr>
</tbody>
</table>

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

Evidence of existing sources of contamination within 100 foot radius of water source? (drainfields, tanks, buildings; indicate distance on plot plan)

☐ ☐ ☐ 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? ________________

☐ ☐ ☐ Does the ground slope away from the water source site? (show slope on plot plan)

☐ ☐ ☐ Is the well cap satisfactory?

☐ ☐ ☐ Screened and vented?

☐ ☐ ☐ The well casing extends ________________ above level ground / concrete slab? (circle one)

☐ ☐ ☐ Is there evidence of a surface seal?

☐ ☐ ☐ Does the seal appear adequate?

☐ ☐ ☐ Is a variance necessary for well site approval?

Comments
__________________________________________

__________________________________________

Pass Fail Inspector __________________________ Date _______________________

This form may be scanned and available for public view on the Mason County Web site.

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.
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 Stephanie Kenny at 427-9670 ext. 581.
Aquarius Utilities
Ownership, Management & Operations
Greg Roats
PO Box 1085
Poulsbo, WA 98370
(360) 779-1565
(SMA #151)

CLES Water
Ownership, Management & Operations
Mike Davis
340 NE Davis Farm Rd.
Belfair, WA 98528
(360) 275-5367
(SMA #146)

Clearwater Utility Services LLC
Management & Operations only
Tim Tayne
219 Little Street Southwest
Tumwater, WA 98512
(360) 357-5537
(SMA #147)

H & R Waterworks, Inc.-- Ownership and Management & Operations
Steve Harrington, President
PO Box 3
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
Jocelyne Gray, P.E., Director
N. 21971, Hwy 101
Shelton, WA 98584
(360) 877-5249
(SMA #111)

Northbay Water Utility Corporation-- Ownership only
Jennifer Dickinson
1286 NW Maryland
Chehalis, WA 98532
(360) 748-3805
(SMA #112)

Peninsula Light-- Ownership and Management & Operations
Kevin Odegard
13315 Goodnough Dr., NW
PO Box 78
Gig Harbor, WA 98335-0078
(253) 857-1511
(SMA #113)

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
Jennifer Dickenson
1286 NW Maryland
Chehalis, WA 98532
(360) 748-3805
(SMA #138)

Washington Water Service Company
Northwest Region-- Ownership, 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)

Northwest Water Systems-- Management & Operations only
Jon Wiley President/CEO
PO Box 123
Port Orchard, WA 98366
(360) 876-0958
(SMA #119)
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 on 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______
# NOTICE OF INTENT TO CONSTRUCT A WELL

**Permit Number**

WEC

---

**Payment Information**

Receipt Number  
- [ ] Cash
- [ ] Check

Date of Payment ________

**Instructions**

1. Complete Part 1. Incomplete applications will be rejected.
2. Attach a plot plan and vicinity map.
3. Submit this completed application with appropriate fee(s) a minimum of 24 hours in advance of initiating well construction. Refer to Mason County Environmental Health fee schedule for cost.
4. Mason County Public Health must receive notification at least 24 hours prior to the drilling of the well.

---

## 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**: ________________________________
- **Driller on Site?**  
- **Is the well capped and Vented?**  
- **Is there evidence of a surface seal?**  
- **Is there a 2” annular space on all sides of the casing?**  
- **Has the seal Slumped?**  
- **Is the well flowing or is there evidence of other leakage?**  
- **Is there evidence of cascading water?**  
- **Is there evidence that the seal is at least 18 feet long?**  
- **Do the well site set-backs appear to be appropriate?**

**Comments**: ________________________________

- [ ] Pass  
- [ ] Fail

**Inspector**: ________________________________  
**Date**: ________________________________

---

*This form may be scanned and available for public view on the Mason County Web site.*
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, (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 shall be bound by the 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,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 : ___________________
DECLARATION OF 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)

<table>
<thead>
<tr>
<th>Subdivision</th>
<th>Division</th>
<th>Lot</th>
<th>OR</th>
<th>Range</th>
<th>Township</th>
<th>Section</th>
</tr>
</thead>
</table>

And having the Tax Parcel Number of: __ __ __ __ __ -- __ __ __ __ __

on which the grantor(s) owns and operates a well and waterworks supplying water for public use located on said real estate, at: (Abbreviated legal description & tax assessor’s parcel number of property and where well is sited)

<table>
<thead>
<tr>
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<th>Section</th>
</tr>
</thead>
</table>

And having the Tax Parcel Number of: __ __ __ __ __ -- __ __ __ __ __

and grantor(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 grantor(s), 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: ____________________
NOTICE TO FUTURE PROPERTY OWNERS OF PUBLIC WATER SYSTEM

I (We) the undersigned, certify that the water source located on parcel situated in Mason County, State of Washington, herein described: (Abbreviated legal description and parcel number of the parcel containing the well head)

<table>
<thead>
<tr>
<th>Subdivision</th>
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<th>OR</th>
<th>Range</th>
<th>Township</th>
<th>Section</th>
</tr>
</thead>
</table>

And having the Tax Parcel Number of: __ __ __ __ __ -- __ __ -- __ __ __ __

has been designed to serve a source of water to the following parcels situated in Mason County, State of Washington, herein described: (Abbreviated legal description(s) and tax parcel number(s) of property(ies) affected)

is a public water system which is subject to the provisions of Chapter 246-291 WAC. This system may also be subject to other state and local regulations. The system owner is responsible for maintaining this system in compliance.

The name of this system is ______________________________

This system (has/has not) been granted one or more waivers from specific provisions of the regulations (explain any waiver requirements):

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Washington</td>
<td>)</td>
<td>County of Mason</td>
<td>)</td>
</tr>
</tbody>
</table>

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: ______________________

______________________________
Notary Public in and for the State of Washington