

Where Should I Site My Well?

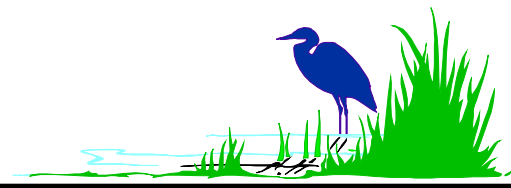
Group B well:

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 Environmental 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 Environmental 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.



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

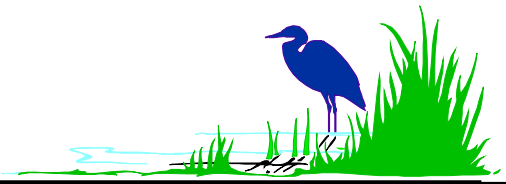
Ron Wiley 1-800-894-4421

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 Arlene Hyatt at 427-9670 ext.: 293.

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"> 1. Complete Part 1, (\$155.00 Fee). Incomplete applications will be rejected 2. Attach a detailed plot plan 3. Clearly stake out or flag the well site 4. Submit application and appropriate fee(s) to the Mason County Health Dept. 5. NO NOTICE WILL BE GIVEN PRIOR TO INSPECTION

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 _____

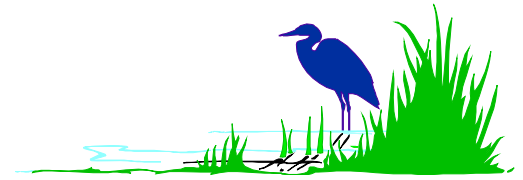
PART 2: Health Department Review (Staff Use Only)

- | 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.



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FAX (360) 427-8442
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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 Arlene Hyatt at 427-9670 ext. 293.

WDOH APPROVED SATELLITE MANAGEMENT AGENCIES

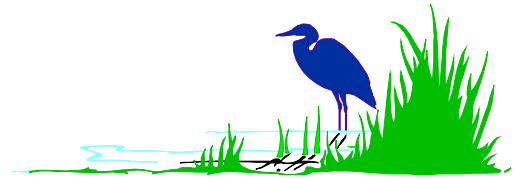
H & R Waterworks, Inc.-- *Ownership and Management & Operations*

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)

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WDOH APPROVED SMA List Cont.

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 Manager
13315 Goodnough Dr., NW Purdy
PO Box 78
Gig Harbor, WA 98335-0078
(253) 857-1511
(253) 857-1590
(SMA #118)

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 Manager
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 Manager
6800 Meridian Rd., SE
Olympia, WA 98513-6302
(360) 491-3760



***** 162.00 FEE WILL BE APPLIED *****

DEPARTMENT OF COMMUNITY DEVELOPMENT
ADDRESSING DIVISION
Brenda Foley, Addresser
PO Box 186, Shelton WA 98584
(360) 427-9670 ext. 291

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.**

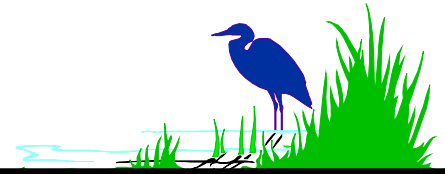
The Mason County Addressing Ordinance requires you to post your new address within 30 days of it being issued to you. It must be placed at your driveway entrance clearly visible from the road in reflective contrasting material. It must be posted to any structure with 30 days of its erection in a contrasting 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

Date Received	Receipt Number: _____ WEC: _____
	<ol style="list-style-type: none"> 1. Complete Part 1, (\$77.00 Fee). 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. 4. The Mason County Health Dept. 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 _____
<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)

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)

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 _____ to me known to be the individual(s) described in and who executed the within instrument, and acknowledge that he(he)(they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes herein mentioned. 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: _____

Return To:

**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)

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)

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 _____ to me known to be the individual described in and who executed the within instrument, and acknowledge that he(he)(she)(they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes herein mentioned.
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: _____

Return To:

**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 contain the well head)

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) :

Signature Date

Signature Date

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 _____ to me known to be the individual described in and who executed the within instrument, and acknowledge that he(he)(she)(they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes herein mentioned.

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: _____