

Where Should I Site My Well?

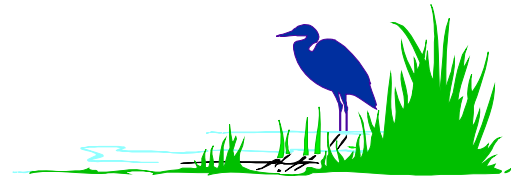
Group B well:

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.



PO BOX 1666 SHELTON, WA 98584
SHELTON (360) 427-9670
FAX (360) 427-8442
ELMA (360) 482-5269
BELFAIR (360) 275-4467

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

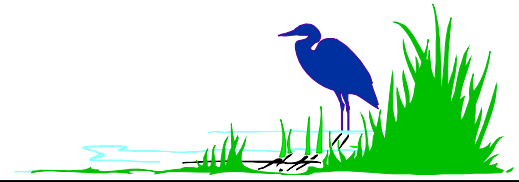
Mike Mitchell (360) 426-3545

Ron Wiley 1-800-894-4421

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



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APPLICATION FOR WELL SITE INSPECTION

Date Received	Receipt Number: _____ WEL: _____
	1. Complete Part 1, (\$150.00 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.

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 Well Spring Number of Proposed Connections _____

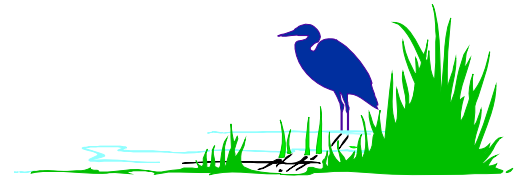
PART 2: Health Department Review (Staff Use Only)

- | 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"/> | <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



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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

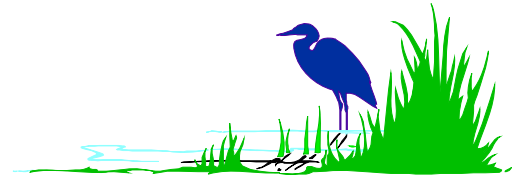
H & R Waterworks, Inc.-- *Ownership and Management & Operations*

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)

MASON COUNTY PUBLIC HEALTH



Mason County PUD No. 1-- *Ownership and Management & Operations*

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

PO BOX 1666 SHELTON, WA 98584

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FAX (360) 427-8442

ELMA (360) 482-5269

BELFAIR (360) 275-4467

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)

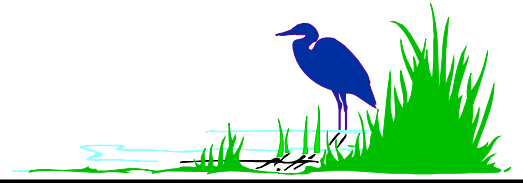
Washington Water Service Company Northwest Region-- *Ownership and Management & Operations*

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

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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, (\$75.00 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 _____