NOTICE OF INTENT TO CONSTRUCT A WELL

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Payment Information</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEC</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 plot plan and vicinity map.</td>
</tr>
<tr>
<td></td>
<td>□ Check</td>
<td>3. Submit this completed application with appropriate fee a minimum of 24 hours in advance of initiating well construction. Refer to Mason County Environmental Health fee schedule for cost.</td>
</tr>
<tr>
<td></td>
<td>Date of Payment _______</td>
<td>4. Mason County Public must receive notification at least 24 hours prior to the drilling of the well.</td>
</tr>
</tbody>
</table>

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 evidence of 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.