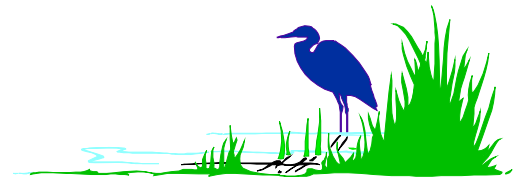


**MASON COUNTY
PUBLIC HEALTH**

"Always Working For a Safer, Healthier Mason County"



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

NOTICE OF INTENT TO CONSTRUCT A WELL

Date Received	Receipt Number: _____ WEC: _____
	<ol style="list-style-type: none"> 1. Complete Part 1, Fee \$77.00 incomplete applications will be rejected 2. Attach a plot plan and vicinity map 3. Submit this completed application with appropriate fee(s) \$77.00 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 _____