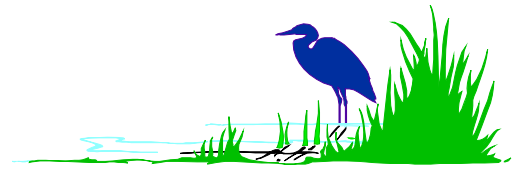


MASON COUNTY PUBLIC HEALTH



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

NOTICE OF INTENT TO DECOMMISSION A WELL

Date Received	Receipt Number: _____ WEC: _____
	<ol style="list-style-type: none"> 1. Complete Part 1, (\$113.00 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 being decommissioned to allow siting of potential source of contamination (ie. septic drainfield)? 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"/>	Has the well been decommissioned in accordance with WAC 173-160?	
<input type="checkbox"/>	<input type="checkbox"/>	Is it a cased well?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a well report available that shows a surface seal?	

Method of Decommission _____
 and Comments _____

Pass Fail Inspector _____ Date _____