



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6TH STREET, SHELTON, WA 98584
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BELFAIR: 360-275-4467, EXT. 400
ELMA: 360-482-5269, EXT. 400
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NOTICE OF INTENT TO CONSTRUCT A WELL

<u>Permit Number</u>	<u>Payment Information</u>	<u>Instructions</u>
WEC _____	Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Date of Payment _____	<ol style="list-style-type: none"> 1. Complete Part 1. Incomplete applications will be rejected 2. Attach a plot plan and vicinity map. 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. 4. Mason County Public 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

NOTICE: All proposed connections to new wells are subject to water adequacy requirements at time of building permit per Mason County Title 6.68. Water usage restrictions and additional fees may apply to all new wells drilled after January 19th, 2018 per ESSB 6091.

 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 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 _____