



Thurston County Environmental Health Division

2000 Lakeridge Dr. SW, Olympia, WA 98502

(360) 867-2673 / (360) 867-2660 (Fax)

TDD Line (360) 754-2933

<http://www.co.thurston.wa.us/health/ehadm>

WELL CONSTRUCTION OR DECOMMISSIONING INSPECTION

Thurston County Environmental Health Division currently has a contract with the Washington State Department of Ecology (DOE) to assume responsibility for the inspection of newly constructed wells, and wells which are being decommissioned. **An approved well site inspection application is required prior to constructing any well that is to serve as the drinking water source for a public water system (Group A, Group B and 2-Party).** Well construction or decommissioning must meet DOE and Thurston County Sanitary Code Article III, requirements.

Applicant Use	WELL CONSTRUCTION OR DECOMMISSIONING INSPECTION SUPPLEMENTAL CHECKLIST
	The following must be submitted with the well construction and decommissioning inspection application to Thurston County Environmental Health Division:
<input type="checkbox"/>	<p>Approved Well Site Inspection Application (see Supplemental Well Site Application) if the well is to serve as the drinking water source for a public water system (Group A, Group B or 2-Party). Each well site inspection is subject to an inspection fee. If the well site review is part of another project application that also requires a site visit, the application fee may be waived by Thurston County Environmental Health.</p> <p>Note: An approved public well site inspection application is required prior to drilling.</p>
<input type="checkbox"/>	<p>Submit a minimum of 72 hours prior to the start of drilling the following information:</p> <ul style="list-style-type: none"> • Completed Part 1 of Well Construction and Decommissioning Inspection Form (attached). • Scaled site map showing the proposed well location and copy of the approved well site inspection application, if applicable. • Directions to the site. • If you are requesting a replacement well, please include your reason for this request on your well construction or decommissioning inspection application. <p>A DOE <i>Notice of Intent to Drill</i> start card is required prior to drilling (discuss with your well driller).</p> <p>Note: Faxing the completed form to (360) 867-2660 is preferred.</p>
<input type="checkbox"/>	<p>Phone 24 hours prior to drilling the Thurston County Driller Call In Line at (360) 867-2677 and provide:</p> <ul style="list-style-type: none"> • Drilling company name • DOE Start Card number • Tax parcel number • Site address • Applicants name • Date and time driller is expected to be on site and the estimated time they expect to seal. <p>Note: This information must be phoned 24 hours prior to drilling the well unless previous arrangements with the County Inspector have been made.</p>

For additional guidance and fact sheets visit our web site at <http://www.co.thurston.wa.us/health/ehadm>

**THURSTON COUNTY ENVIRONMENTAL HEALTH DIVISION
WELL CONSTRUCTION AND DECOMMISSIONING INSPECTION FORM**

PART 1: TO BE COMPLETED BY APPLICANT

TAX PARCEL IDENTIFICATION					
Well Tax Parcel Number: _____					
Well Property Address: _____					
DOE Start Card #: _____			DOE Well Tag # (if available): _____		
Date of Anticipated Initiation of Work: _____					
If you are requesting a replacement well, please include the reason for this request: _____					
APPLICANT IDENTIFICATION					
Name: _____					
Mailing Address: _____		City: _____		State: _____	Zip: _____
Phone #: _____		Cell Phone # _____		Fax #: _____	
E-mail Address: _____					
Legal Property Owner, if Different From Applicant: _____					
Signature of Legal Property Owner:* _____					
*Signature of legal owner constitutes permission to enter the property for inspection of the well.					
DRILLER IDENTIFICATION					
Driller Name: _____			Company Name: _____		
Mailing Address: _____					
Phone #: _____		Cell Phone # _____		Fax #: _____	
E-mail Address: _____					

PART 2: FOR DEPARTMENTAL USE ONLY

OBSERVATIONS ON SITE	YES	NO	OBSERVATIONS ON SITE	YES	NO
Drilling equipment clean			Drilling water from potable source		
2" annual space maintained			Well properly capped		
Starter casing – minimum 18 feet			Condition of casing acceptable		
Well Tagged If yes, Well Tag # _____			Bentonite available at site If yes, number of bags used: _____		
Well siting satisfactory			Surface seal present		
Artesian well – special standards apply			Cascading water, waste leakage		
COMMENTS:	YES	NO	COMMENTS:	YES	NO
Driller on site			Photographs taken		
Drill rig on site			Enforcement Action Driller		
Driller licensed			Enforcement Action Owner		
Variance required			Evidence form attached		
Water Rights needed			Witness statement attached		

PROJECT NUMBERS ASSOCIATED WITH THIS APPLICATION					

Call In Date: _____
 Drilling Date: _____
 Sealing Time: _____
 Inspection Date: _____
 Inspection Attempted Date: _____
 Not Inspected
 Inspectors Name: _____
 Signature: _____
 Comments: _____