



Supplemental Application WELL SITE

STAFF USE ONLY	DATE STAMP
<h1 style="font-size: 4em; margin: 0;">LABEL</h1> <p style="text-align: center; margin-top: 20px;">PLEASE NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	Intake by: _____

This application cannot be submitted alone. In addition to this form, a complete package includes:

Applicant Use	SUBMITTAL CHECKLIST	Staff Use Only
<input type="checkbox"/>	Master Application.	<input type="checkbox"/>
<input type="checkbox"/>	Supplemental Checklist.	<input type="checkbox"/>
<input type="checkbox"/>	Applicable processing fees. <i>Refer to current fee schedules. Depending on the adopted fee structure, additional fees may occur if base hours/fees at intake are exhausted.</i>	<input type="checkbox"/>

PROJECTS ASSOCIATED WITH THIS APPLICATION		
FOLDER/SEQUENCE NUMBER	PROJECT NUMBER	DATE RECEIVED

TYPE OF PROJECT:		
<input type="checkbox"/> Residential-Single Family	<input type="checkbox"/> Residential-Multifamily # of Units: _____	<input type="checkbox"/> Non-Residential
TYPE OF PERMIT:		
<input type="checkbox"/> Non-Public Well	<input type="checkbox"/> 2-Party Water System	<input type="checkbox"/> Group B Water System <input type="checkbox"/> Group A Water System
Water System Name: _____		ID# (if existing) _____
Subdivision Name (if applicable): _____		
Thurston County Coordinated Water System Plan Service Area		<input type="checkbox"/> Inside Service Area <input type="checkbox"/> Outside Service Area
WORK TYPE:		
<input type="checkbox"/> New Proposed Well Site / Spring	<input type="checkbox"/> Proposed Replacement Well Site / Spring	<input type="checkbox"/> Existing Well / Spring

TAX PARCELS TO BE SERVED BY THIS WATER SYSTEM

Well Site or Spring Property Tax Parcel Number: _____

Well Site or Spring Property Address: _____

Property Tax Parcel Numbers To Receive Water Service (list below):

Water System Classifications:

- **Group A Public Water System** is classified as a community system with 15 or more residences or serves greater than an average population of 25 or more people per day for 60 days per year
- **Group B Public Water System** is classified as a community system serving 3 to 14 residences and less than 25 people per day (such as a workplace) or 25 or more people per day for fewer than 60 days per year.
- **2-Party Public Water System** is classified as a community system with 2 single-family residences. Although classified as a Group B water system, it has a different set of regulations than those with 3 or more residences.
- **Non-Public Well** is classified as a single-family well with 1 single family residence or a well used for irrigation purposes.

The following must be submitted with the well site application to the Thurston County Permit Assistance Center:

Applicant Use	SUPPLEMENTAL CHECKLIST	Staff Use Only
NEW PROPOSED OR REPLACEMENT WELL SITE OR SPRING:		
<input type="checkbox"/>	Project site plan with the new proposed or replacement well site or spring, the 100 foot sanitary control area around the well (or 200 foot sanitary control area if a spring source), any structures, all onsite-sewage system components, drainage ditches, stormwater infiltration ponds, and public roads within 200 feet shown to scale on the map (11 X 17 inches maximum size, 1"=20' or 1"=30' scale).	<input type="checkbox"/>
<input type="checkbox"/>	The new proposed or replacement well site or spring flagged on the property.	<input type="checkbox"/>
EXISTING WELL SITE OR SPRING:		
<input type="checkbox"/>	Project site plan with the exiting well site or spring, the 100 foot sanitary control area around the well (or 200 foot sanitary control area if a spring source), location of waterlines serving each connection (distribution system), any structures, all onsite-sewage system components, drainage ditches, stormwater infiltration ponds, and public roads within 200 feet shown to scale on the map (11 X 17 inches maximum size, 1"=20' or 1"=30' scale).	<input type="checkbox"/>
<input type="checkbox"/>	Any available information regarding the system, such as well log, water quantity and quality results, water system components (pumps, pressure tanks, etc.), recorded easements or covenants, and other pertinent information.	<input type="checkbox"/>
<input type="checkbox"/>	Any arrangements made for access to the pump house.	<input type="checkbox"/>

APPEAL: Any person aggrieved by a decision, an inspection, or notice made by the Health Officer shall have the right to appeal the matter as specified in Article I of the Thurston County Sanitary Code.

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

**WELL SITE APPLICATION INSPECTION FORM
 (FOR DEPARTMENTAL USE ONLY)**

TAX PARCEL IDENTIFICATION	
Well Tax Parcel Number:	
Well Property Address:	
Property Owner Name:	

PROPOSED WELL	YES	NO
Is map provided accurate, based on-site visit?		
Does the ground slope away from immediate well site area to avoid possible well contamination?		
Is the designated isolation area free of existing sources of contamination?		
If private roads pass within 100' feet of the well, are they ditched or drained to safely conduct surface run-off away from well and outside the 100-foot SCA? (No public roads allowed in the 100-foot SCA)		
Is there a landfill within 1,000 feet of the well or well site?		
Is the well or well site within the Thurston County Coordinated Water System Area?		
Is the well within a mapped flood zone?		
Aquifer information utilized to determine degree of protection:		
USGS Data		
Area Well Logs		
Depth to water (feet below ground level):		
Located in area of known contamination? If yes, type.		

EXISTING WELL	YES	NO
Is map provided accurate, based on-site visit?		
Does the ground slope away from immediate well site area to avoid possible well contamination?		
Is well adequately sealed (sanitary seal)?		
Is visible construction in sound condition (such as floor, piping, electrical, and building)?		
Is there a substantial concrete slab poured around the well casing?		
Does the casing extend at least 12 inches above the slab and 24 inches above any flood zone evaluation?		
Aquifer information utilized to determine degree of protection:		
USGS Data		
Area Well Logs		
Depth to water (feet below ground level):		
Located in area of known contamination? If yes type:		

Person(s) met on site for inspection: _____

Is the proposed or existing well / spring site satisfactory? YES NO

Is this a replacement well / spring? YES NO If yes, reason for replacement: _____

Minimum isolation radius required: 100 feet Other: _____

Comments:

Inspection date: _____

Inspectors Name: _____ Signature: _____