



## Supplemental Application WELL SITE

STAFF USE ONLY	DATE STAMP
<h1 style="font-size: 4em; color: #ccc;">LABEL</h1> <p style="text-align: center;">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

<b>TYPE OF PROJECT:</b>		
<input type="checkbox"/> Residential-Single Family	<input type="checkbox"/> Residential-Multifamily # of Units: _____	<input type="checkbox"/> Non-Residential
<b>TYPE OF PERMIT:</b>		
<input type="checkbox"/> Single Family Residential Water Supply	<input type="checkbox"/> 2 Single Family Residential Water Supply	<input type="checkbox"/> Group B Water System <input type="checkbox"/> Group B Exempt
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
<b>WORK TYPE:</b>		
<input type="checkbox"/> New Proposed Well Site	<input type="checkbox"/> Proposed Replacement Well Site	<input type="checkbox"/> Existing Well

**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 service connections or serves greater than 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 service connections 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.
- **Group B Exempt Public Water System** is classified as a community system serving a maximum of 2 service connections 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 that is considered exempt from design review providing they can obtain well site and source approval and do not serve a connection with a use listed under WAC 246-291-010(a) through (h).
- **Two Single Family Residential Water Supply** is classified as a non-public water supply with one well serving two single-family residential connections. Three or more connections are regulated by Article III of the Thurston County Sanitary Code as a Group B public water system.
- **Single Family Residential Water Supply** is classified as a non-public water supply with one well serving one single-family residential connection.

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

Applicant Use	SUPPLEMENTAL CHECKLIST	Staff Use Only
<b>NEW PROPOSED OR REPLACEMENT WELL SITE:</b>		
<input type="checkbox"/>	Project site plan with the new proposed or replacement well site, the 100 foot sanitary control area around the well, 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 flagged on the property.	<input type="checkbox"/>
<b>EXISTING WELL SITE:</b>		
<input type="checkbox"/>	Project site plan with the exiting well site, the 100 foot sanitary control area around the well, 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)**

<b>TAX PARCEL IDENTIFICATION</b>	
Well Tax Parcel Number:	_____
Well Property Address:	_____
Property Owner Name:	_____

<b>PROPOSED WELL</b>	<b>YES</b>	<b>NO</b>
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.	_____	

<b>EXISTING WELL</b>	<b>YES</b>	<b>NO</b>
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 site satisfactory?  YES  NO

Is this a replacement well?  YES  NO If yes, reason for replacement: \_\_\_\_\_

Minimum isolation radius required:  100 feet  Other: \_\_\_\_\_

Comments:

Inspection date: \_\_\_\_\_

Inspectors Name: \_\_\_\_\_ Signature: \_\_\_\_\_