

**PUBLIC HEALTH SEATTLE AND KING COUNTY
PRIVATE WELL SOURCE SITE APPLICATION**

Provide the information requested on this form and *submit 3 copies* of this application along with current Drinking Water fee. (www.kingcounty.gov/depts/health/environmental-health/fees)

Record ID SR Department Use Only
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Please check the type of inspection requested.

New Construction Well

Replacement Well

SECTION A: PROPERTY INFORMATION

If there is no address, give an approximate address based on the neighbor's property.

Address of property: _____
Street City Zip

Parcel Number of property on which well is located: _____

Legal Description of property: Section _____ Township _____ Range _____

SECTION B: OWNERSHIP INFORMATION

Owner's name: _____

Address: _____
Street City Zip

Phone : _____ (Home) _____ (Work) _____ (email)

Designer/ Engineer Submitting Request (if different than owner):

Name: _____

Address: _____
Street City Zip

Phone: _____ Email _____

SECTION C: NEW CONSTRUCTION WELL (Must be submitted by on-site sewage system designer of professional engineer) Application to include the following:

- Critical Area Review (from the applicable jurisdictional authority)
- Scaled Site Plan (Maximum paper size 11"x 17") - Include 100-foot protective well radius
- Route Map
- Cleared and marked trail to the flagged well site.
- Draft of Well Water Covenant(s)
 - www.kingcounty.gov/depts/health/environmental-health/piping/drinking-water/facts-and-forms
- Proof of Lot segregation date if less than 5 acres (Lot Creation prior to May 18, 1972)

NOTE: If the protective well radius is within 10-feet of any lot line, easement line or any source of contamination, the health officer may require the well site to be surveyed.

SECTION D: REPLACEMENT WELL (Must be submitted by on-site sewage system designer of professional engineer) Application to include the following:

- Copy of On-site sewage system record drawing
 - If record drawing is not available, a reconciled record drawing may be required to verify that required setback to well can be met.
- Scaled Site Plan (Maximum paper size 11"x 17") to include;
 - Location of existing well
 - Location of all structures, septic system and components and all other sources of contamination.
- Route Map
- Cleared and marked trail to the flagged well site.
- Draft of Well Water Covenant(s)
 - www.kingcounty.gov/depts/health/environmental-health/piping/drinking-water/facts-and-forms

NOTE: If the protective well radius is within 10-feet of any lot line, easement line or any source of contamination, the health officer may require the well site to be surveyed.

- **IF THE SITE HAS TO BE REINSPECED DUE TO LACK OF INFORMATION OR INACCURATE DIRECTIONS TO THE SITE, ANOTHER WELL SITE INSPECTION FEE WILL BE REQUIRED.****

MINIMUM 100 FOOT SETBACK DISTANCE FROM THE PROPOSED WELL TO:

Building sewer - (house plumbing stub-out and tightline)
Septic tank - (cesspool, outhouse, etc.)
Sewer Pressure effluent pipes
Sewage drainfield lines
Building sewers
Reserve drainfield areas
Railroad tracks & public power utilities or gas lines
Animal enclosures - (e.g. barns, chicken coops, pig pens, rabbit hutches, dog kennels)
Manure and/or garbage piles
House & garage foundation
Chemical storage areas - (insecticides, herbicides, paint products, fuel products, etc.)
Surface water
Public and private road easements
Underground storage tanks
Sanitary and abandoned land fills (1000 feet)

FOR HEALTH DEPARTMENT USE ONLY:

PRELIMINARY APPROVAL NEW CONSTRUCTION WELL

Note: The individual private domestic water supply has been **approved** to serve one residential unit at the well location described above and authorizes you to contact a certified well driller to drill the well.

Date: _____ (*see attached letter for conditions for Final Approval)

BY: _____

FINAL APPROVAL NEW CONSTRUCTION WELL

Date: _____

BY: _____

PRELIMINARY APPROVAL WELL REPLACEMENT

Note: The replacement individual private domestic water supply has been **approved** to serve one residential unit at the well location described above and authorizes you to contact a certified well driller to drill the well.

Date: _____ (*see attached letter for conditions for Final Approval)

BY: _____

FINAL APPROVAL REPLACEMENT WELL

Date: _____

BY: _____

DISAPPROVED (date): _____ **BY:** _____

See attached deficiency letter.

Comments: _____

This approved new well source site is valid for two (2) years from the date of this letter. Upon completion of the well drilling you must provide ALL required items as listed on attached cover letter.