

# Lewis County Public Health & Social Services Environmental Services Division

125 NW Chehalis Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • www.lewiscountywa.gov

## Well Site Inspection Form

A well site approval is effective for 2 years

Permit Number:	_____
Master Site review:	_____
Date Received:	_____
Permit Tech:	_____

### This section to be completed by applicant:

Water system/Applicant: \_\_\_\_\_

Location/Site Address: \_\_\_\_\_

Short Plat/Long Plat #: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ ¼ ¼ Sec. Twnshp Range E/W

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Representative: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Group A      Group B      Commercial      Two Party      Shared      Two Connection

*\*See definitions on the last page of this application.*

Land use adjacent to the well site: \_\_\_\_\_

### Acknowledgment and Permission to Enter

I understand that any permits issued by Lewis County, consistent with the attached site plan, are valid ONLY if construction is in according to this plan and all other conditions of the permit are followed.

Further I understand that County regulations require permission to County personnel to enter private property to conduct inspections. By my signature below, permission is granted for representatives of Environmental Services to enter and remain on and about the property for the sole purposed of performing required inspections relating to this permit.

By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document, I take full responsibility for the lawful actions that this document allows.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check One:      Owner      Authorized Agent

*This section will be completed by Lewis County Environmental Health Staff*

WS#: \_\_\_\_\_ Planning Review #: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Inspection Findings

1. Map provided was accurate, based on your observations at the well site.      Yes      No      N/A

\_\_\_\_\_

2. Slope of ground within the well site is such that potential contamination due to runoff and flooding is at a minimum. Yes No N/A

3. Site is safe from manmade and natural disasters. Yes No N/A

4. Public or private roads are placed as far as possible from well site. Yes No N/A

a. If roads are present in the well site are they paved and properly ditched or drained to exclude surface runoff from the well? Yes No N/A

5. Contamination sources such as septic tanks/drain fields, chemicals, underground storage tanks, surface water, and dry wells are absent from the well site. Yes No N/A

Large empty grid area for drawing or notes.

Proposed well location inspected, well has not been drilled Yes No

Existing Wells:

Well log: \_\_\_ Yes \_\_\_ No Start Card #: \_\_\_\_\_ Unique Well ID: \_\_\_\_\_

6. The surface seal is present and satisfactory. Yes No N/A

7. The sanitary seal is satisfactory and properly sealed Yes No N/A

8. There is a satisfactory concrete slab around the casing. Yes No N/A

9. The casing terminates at 6 to 12 inches above the floor.  
(if in flood plain must be above flood level) Yes No N/A

10. Has a proper air vent and the vent is screened. Yes No N/A

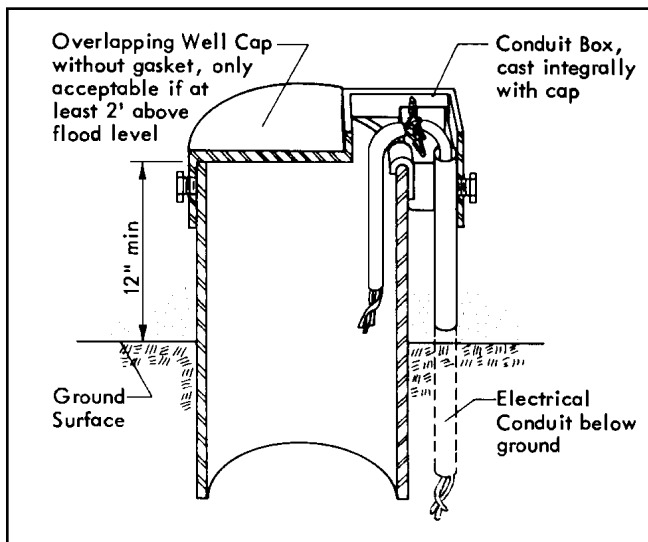
11. Conduits and junction boxes are sealed Yes No N/A

12. If the well is in a pit, it's adequately constructed to prevent flooding. Yes No N/A

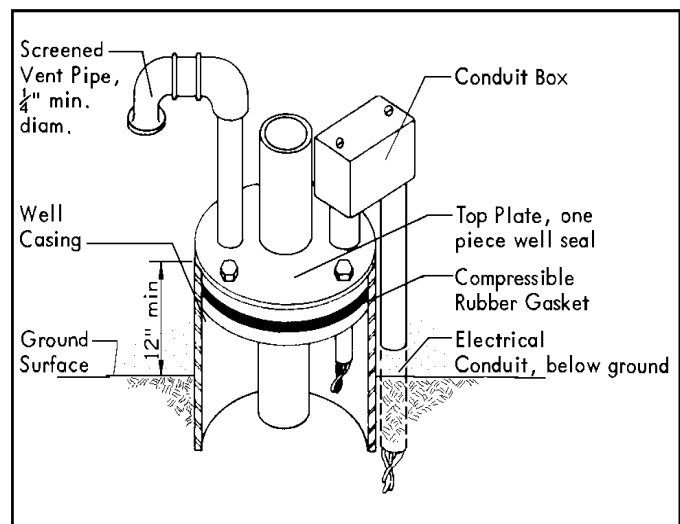
13. General housekeeping is satisfactory. Yes No N/A

14. The wellhead is accessible for maintenance. Yes No N/A

**Well constructed with an overlapping well cap and pitless adapter.**



**Well constructed with a well seal containing a compressible rubber gasket.**



Diagrams obtained from the University of Missouri Extension web site 4/17/08.

General:

15. Well site is legally protected against contamination by covenants. Yes No N/A

16. A source meter is installed. Yes No N/A

**In your opinion, overall, is the well and/or well site:**

\_\_\_\_\_ **Satisfactory**

\_\_\_\_\_ **Satisfactory, with correctable deficiencies (see comments)**

\_\_\_\_\_ **Not satisfactory**

**Sanitarian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Definitions:**

**Group A Well:** Serves a Group A Water System under the jurisdiction of the Washington State Department of Health.

**Group B Well:** Serves a system with three or more connections but less than 15 and populations of less than 25 people per day or one or more connections that serve a usage identified in LCC8.55.020 or LCC8.55.040((81). See LCC8.55 for further requirements.

**Commercial:** A facility with two or less connections and less than 25 people per day. Most small businesses.

**Two Party Well:** Serves two dwelling units on separate properties. See LCC8.55.020 Table 1

**Shared Well:** Serves two dwelling units on the same property. See LCC8.55.020 Table 1

**Two Connection:** Serves two dwelling units one of which is an ADU or temporary ADU not incorporated into the main structure of the primary residence.

Approval of a well site or preliminary plat does not constitute or imply approval of the proposed water system. Approval of the water system is contingent upon the water system construction and management plan meeting rules and regulations of LCC 8.55 and the State of Washington.