PUBLIC HEALTH SEATTLE AND KING COUNTY
PUBLIC WELL SOURCE SITE APPLICATION

Provide the information requested on this form and submit 3 copies of this application along with current Drinking Water fee. (http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx)

Please check the type of inspection requested.

_______Group “A” Well   _______Group “B” Well

SECTION A: PROPERTY INFORMATION
If there is no address, give an approximate address based on the neighbor’s property.
Address of property: _____________________________________________________________

Parcel Number of property on which well is located: ___________________________________

Legal Description of property: Section _________ Township _________ Range _______

SECTION B: OWNERSHIP INFORMATION
Owner's name: __________________________________________________________________
Address: ______________________________________________________________________

Phone: __________________________ (Home) __________________ (Work) __________________________ (email)

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

Phone: __________________________ Email ______________________________

SECTION C: GROUP “A” 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)
○ Water Letter of Availability from water service District.
○ Scaled Site Plan (Maximum paper size 11”x 17”); include 100-foot and 600-foot radius
○ Route Map
○ Cleared and marked trail to the flagged well site.
○ Draft of Well Water Covenant(s)
  ● (http://www.kingcounty.gov/healthservices/health/ehs/water/facts.aspx)
SECTION D: GROUP “B” 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)
- Water Letter of Availability from water service District.
- 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;
  - 100-foot protective well radius
  - 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)
  - (http://www.kingcounty.gov/healthservices/health/ehs/water/facts.aspx)

**IF THE SITE HAS TO BE REINSPECTED 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 hutchtes, 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:**

REVIEWED (date): _______________ BY: ____________________________________________
Comments: ______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________