

# Lewis County Environmental Services

2025 NE Kresky Ave, Chehalis, WA 98532 • Phone: (360) 740-1146 • Fax: (360) 740-1245

## Well Site Inspection Form

A well site approval is effective for 2 years

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

### 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: \_\_\_\_\_

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

### Acknowledgment and Permission to Enter

I understand that County regulations require owner permission for County personnel to enter private property to conduct permit processing, review, and inspections. I also understand that my failure to grant permission to enter may result in denial or withdrawal of a permit or approval. By my signature below, permission is granted for representatives of the Community Development, Environmental Health, and Public Works Department to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections or reviews.

Prior notification of the date of inspections will take place is: Required Not Required  
( ) ( ) ( ) (Must provide phone number where applicant/representative can be reached)

I/We certify that all plans, specifications and other submissions required in support of this application conform to the requirements of all federal, state, and local codes and applicable laws and ordinances; and 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 action that this document allows.

I certify that I have read and understand the limitations and conditions of Lewis County Code and agree to comply with all conditions of approval. 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. By my signature below, I affirm that all the information and documents provided with this application are true and accurate to the best of my knowledge.

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

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

Group A Group B Commercial Two Party Shared Two Connection

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

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



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

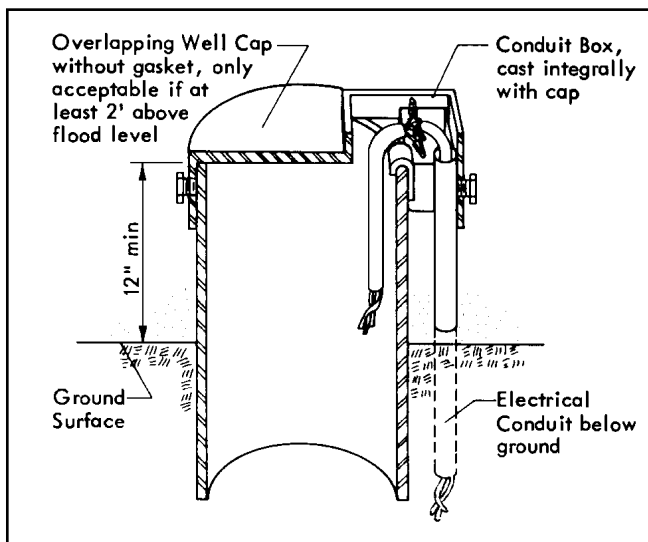
11. Conduits and junction boxes are sealed Yes No N/A

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

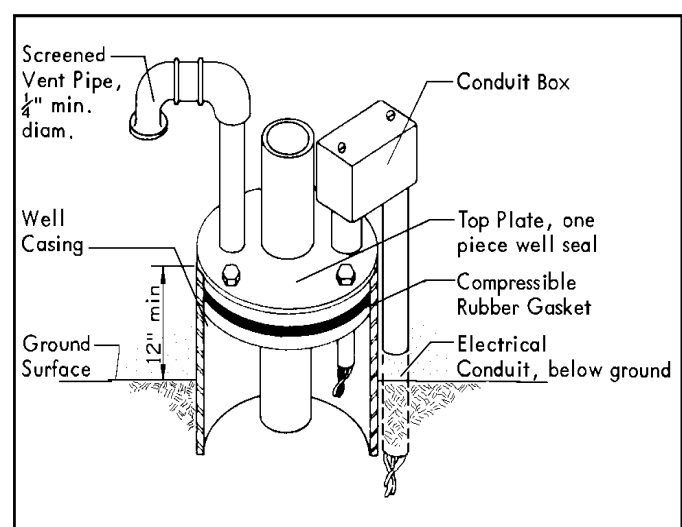
13. General housekeeping is satisfactory. Yes No N/A

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:**

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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

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 the State of Washington.