

# Lewis County Public Health & Social Services Environmental Services Division

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 Tech: \_\_\_\_\_

### This section to be completed by applicant:

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

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

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

Tax Parcel #: \_\_\_\_\_ ¼ ¼ Sec. Township 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 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.

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

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: \_\_\_\_\_

### Inspection Findings

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

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[illegible]

## 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

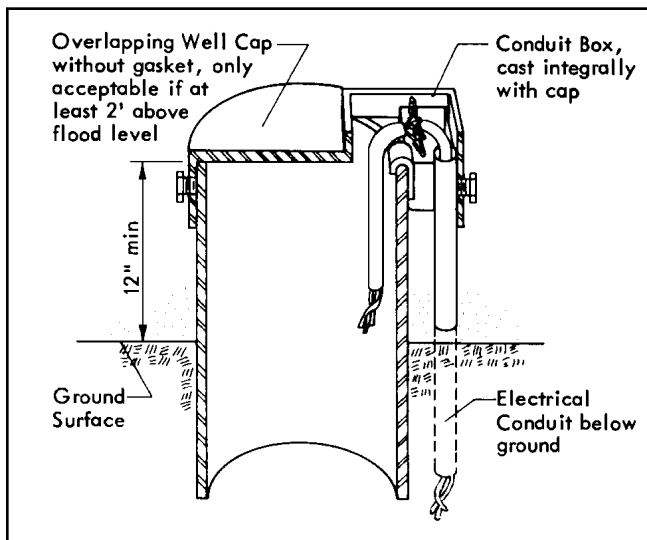
11. Conduits and junction boxes are sealed Yes No N/A

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

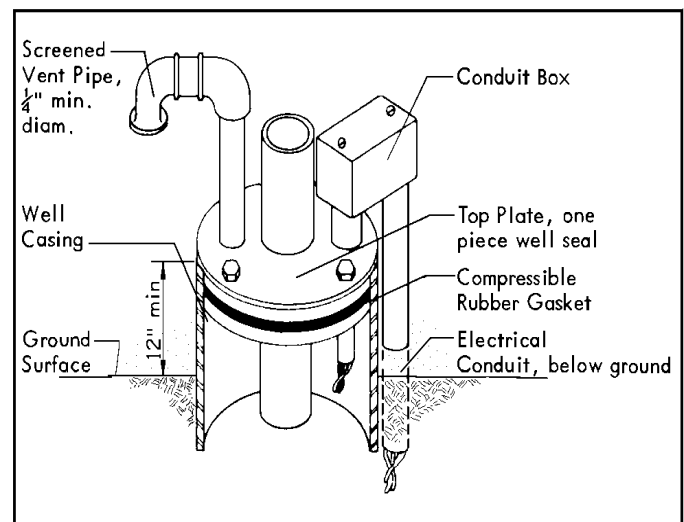
13. General housekeeping is satisfactory. Yes No N/A

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.

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☐ 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.