

Well Decommissioning

Drinking Water

Submittal Date	Memo Number	Review Fee

Please see the *Environmental Health Fee Schedule* for current fees.

WELL SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

DECOMMISSIONING DETAIL
Type of well _____ <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven <input type="checkbox"/> Other _____
Well Depth: _____ Well Diameter: _____ Static Water Level: _____
Well casing or liner: Type: _____ Depth: _____
Is there a source of contamination (septic tank, drainfield, etc.) within 100 feet of the well? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed method of decommissioning: _____
Company Performing Decommissioning _____ Company Phone Number _____

CERTIFICATION AND ACKNOWLEDGMENT
By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:
<input type="checkbox"/> Decommissioning which cannot be done in accordance with Chapter 173-160 WAC, will require a written variance from either this office or the Washington State Department of Ecology. Variance requests submitted to this office will be billed at the Health District's hourly rate for review time required.
<input type="checkbox"/> If a scaled site plan identifying the well to be decommissioned is not on record with the Health District, one must be developed and attached to this application. The site plan must include at minimum, the property lines, the well to be decommissioned, structures, septic components and driveways. Incomplete or inaccurate site plans may be charged a revision fee for resubmittal.
Property Owner/ Agent name printed _____ Signature of Property Owner/ Agent _____ Date _____