

# WELL DELEGATION APPLICATION

**Grant County Health District**  
 1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960  
 "Always working for a Safer and Healthier Grant County"  
 www.granthealth.org

**FAX NUMBER: 509-766-6519**  
**EMAIL: info@granthealth.org**  
  
 Call in Line 509-766-7960  
**\*\*48 Hour Notice Please\*\***

**Part 1: To be completed by property owner, authorized agent, or well driller.**

\*Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Site Address \_\_\_\_\_ \*City \_\_\_\_\_

\*Parcel# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Notice of Intent# \_\_\_\_\_ Driller Phone# \_\_\_\_\_

\*Driller \_\_\_\_\_ \* License #: \_\_\_\_\_ \*Drilling Co. \_\_\_\_\_

\*Expected Start Date \_\_\_\_\_ \*Estimated Start Time \_\_\_\_\_ \*Estimated Time of Sealing \_\_\_\_\_

\*Purpose of Application: New Well \_\_\_\_\_ Decommission \_\_\_\_\_ Drillers Phone Number \_\_\_\_\_

\*Purpose of Well: Individual (Private) \_\_\_\_\_ Public/Community \_\_\_\_\_

\*Location: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Casing:**

Surface "Can" diameter \_\_\_\_\_ inches by (length) \_\_\_\_\_ feet

Proposed (actual) final casing diameter \_\_\_\_\_ inches

Casing pipe new material? \_\_\_\_\_ Casing stick-up height \_\_\_\_\_ feet

**Seal Material:**

Bentonite sealing material: Brand \_\_\_\_\_ Type \_\_\_\_\_

Number of bags of bentonite on site \_\_\_\_\_

Annular space 2 inches or greater? \_\_\_\_\_

**Decommissioning: Must be performed by a licensed well driller.**

Well Log available \_\_\_\_\_ Please attach copy of well log if available.

Well Depth \_\_\_\_\_ Well Diameter: \_\_\_\_\_ Static Water Level: \_\_\_\_\_

Casing/Liner Type: \_\_\_\_\_ Depth: \_\_\_\_\_

Describe methods of Decommissioning: \_\_\_\_\_

The owner or agent of the owner attests the information provided is correct to the best of their knowledge.

Signature \_\_\_\_\_ (Owner \_\_\_ Agent \_\_\_) Date \_\_\_\_\_

**Part 2: To be completed by Grant County Health District**

Notification – Date \_\_\_\_\_ Time \_\_\_\_\_ Person \_\_\_\_\_

Inspection – Date \_\_\_\_\_ Inspector \_\_\_\_\_ Driller "No Show" Y/N

**Final Well Assessment**                      **Yes**                      **No**

Seal Materials OK			Well Tag Number
Seal Construction appears OK			Inspection During or Post Construction

Notes: \_\_\_\_\_