



1038 W Ivy, Moses Lake WA 98837
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For Office Use Only	
Date	_____
Rec #	_____
Fee	_____
Initial	_____
Mailed to Owner	_____
Mailed to DOH	_____

WELL SITE INSPECTION FORM

Water System Name _____ Source #: _____

Well Location Address _____ Parcel Number _____

Representative to be present during inspection _____

Representative Phone Number _____ Representative Email _____

Owner Name _____ Owner Email _____

Mailing Address _____ City _____ State _____ Zip _____

Required Items:

☐ A map showing the proposed location of the well, which includes a 100' radius. Any potential sources of contamination within 100' of the well must be shown on the map, including but are not limited to: septic tanks and drain fields, sewer lines, underground storage tanks, roads, railroad tracks, vehicles, structures, barns, feed stations, grazing animals, enclosures for maintaining fowl or animal manure, liquid or dry chemical storage, herbicides, insecticides, hazardous waste, garbage of any kind, or any other natural or man-made features that could affect the quality or quantity of water. Any surface water (lake, stream, river, canal) within 200' must be included on the map, along with a 200' radius.

☐ For existing well(s), submit the Water Well Report (well log) for the well.

1) Is the proposed water system within another water system's Future Service Area? ☐ Yes ☐ No
If yes, a letter from the water system declining service will be needed for the system application review.

2) Provide a brief narrative of the proposed use of the system.

3) Page 4 has a flow chart for identifying the classification of the proposed water system. Based on the flow chart, what is the classification of the proposed water system?

☐ Group B Public Water System

☐ Group A Public Water System: Type (only if Group A): ☐ Comm ☐ NTNC ☐ TNC

*****FOR GCHD USE ONLY*****

Inspected By _____ Date Inspected _____

Group: ☐ A ☐ B Type ☐ Comm ☐ NTNC ☐ TNC Source #: _____

Well means the spot where the well will be, or is already, drilled. Well Site and Sanitary Control Area (SCA) means all the area within 100 feet of the well and beyond if there is a significant impact on the well.

1) Map provided was accurate, based upon observation at well site. ☐ Yes ☐ No ☐ N/A
Site map needs to be submitted prior to inspection.

Comments: _____

2) Slope of ground within well site is such that obvious contamination due to run-off and flooding potential is at a minimum. ☐ Yes ☐ No ☐ N/A

Look for any potential for runoff toward well (roof runoff, downspouts, surface drainage, etc.) Potential runoff toward the well site must be mitigated.

Comments: _____

3) Site is safe from apparent natural and manmade disasters. ☐ Yes ☐ No ☐ N/A

Look for threats to safety and security of well site. Potential threats could be power lines, trees that could fall and damage equipment, buildings, flood zone, etc. Potential threats must be mitigated.

Comments: _____

4) Public or private roads are avoided as far as possible. ☐ Yes ☐ No ☐ N/A

Major roads and arterials should be outside of the 100-ft SCA. Infrequently traveled lanes or private roads may be acceptable if drained away from the well site. Consider the potential for transporting hazardous materials in determining whether a road is too close.

Comments: _____

5) Roads, if any, within the well site are paved and properly ditched or drained to exclude surface run-off from the well? ☐ Yes ☐ No ☐ N/A

Comments: _____

6) Contamination sources such as septic tanks, chemicals, storage tanks storage tanks, surface water, and dry wells are absent from well site? ☐ Yes ☐ No ☐ N/A

Comments: _____

7) Was the well drilled prior to this inspection? ☐ Yes ☐ No Well Tag # _____

8) If the well is existing or has already been drilled:

a) Is the annular seal present and at least 18 –feet? ☐ Yes ☐ No ☐ N/A

Review the well log for an adequate surface seal.

b) The sanitary seal is satisfactory and properly installed. ☐ Yes ☐ No ☐ N/A

There should be no gaps or openings.

d) Casing terminates at least 12” above floor or slab. ☐ Yes ☐ No ☐ N/A

Well casing should extend at least 12” above floor or ground. (preferably 18”)(6” questionable)

c) Air vent or access port is satisfactory and screened. ☐ Yes ☐ No ☐ N/A

All screens must be 24-mesh, non-corrodible material, with screen facing downward.

d) Is the well in a pit? ☐ Yes ☐ No ☐ N/A

e) Pit is adequately constructed ☐ Yes ☐ No ☐ N/A

Pit drain should drain to daylight.

f) General housekeeping is satisfactory. ☐ Yes ☐ No ☐ N/A

Pump/well house must be lockable, well maintained, floor drain or screened drain to daylight.

g) Is the well head accessible for maintenance? ☐ Yes ☐ No ☐ N/A

h) Source meter is installed? ☐ Yes ☐ No ☐ N/A

i) Is there a raw water sample tap installed? ☐ Yes ☐ No ☐ N/A

j) Is this source a spring? (if “Yes”, refer to DOH) ☐ Yes ☐ No ☐ N/A

k) Is this source a dug well? (if “Yes”, refer to DOH) ☐ Yes ☐ No ☐ N/A

l) Is the first open interval of the well less than 50-feet and the well is within 200-feet of surface water? ☐ Yes ☐ No ☐ N/A

If yes, refer applicant to DOH. Note: If the well has not been drilled and the site is located near a body of water, advise applicant to drill, case and seal greater than 50-feet.

Comments: _____

9) Well site is legally protected against contamination through title, protective covenants, restrictive covenants? This is a requirement. ☐ Yes ☐ No ☐ N/A

Comments: _____

10) In your opinion, overall, is the well and/or well site:

☐ Satisfactory ☐ Satisfactory with correctable deficiencies ☐ Unsatisfactory ☐ Request DOH to review site

Comments: _____

Determining Classification of a Water System (WAC 246-290 Table 1)

Does the system serve a structure that is used for an activity requiring a permit or license under one or more of the following rules:

- (a) Food service, chapter [246-215](#) WAC;
- (b) Food inspection, chapter [16-165](#) WAC;
- (c) Residential treatment facility, chapter [246-337](#) WAC;
- (d) Transient accommodations, chapter [246-360](#) WAC;
- (e) Assisted living facility licensing rules, chapter [388-78A](#) WAC;
- (f) Minimum licensing requirements for child care centers, chapter [170-295](#) WAC;
- (g) School-age child care center minimum licensing requirements, chapter [170-151](#) WAC; or
- (h) Adult family home minimum licensing requirements, chapter [388-76](#) WAC.

Has WA DOH or Grant County Health District determined that a Public Water System is necessary to protect public health and safety? Examples include temporary farm worker housing, facilities where food is served to the public, etc. Contact the WA DOH or Grant County Health District if unsure.

