



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6th Street, Bldg 8, Shelton WA 98584,
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400
FAX (360) 427-7787

NOTICE OF INTENT TO DECOMMISSION A WELL

<u>Permit Number</u>	<u>Payment Information</u>	<u>Instructions</u>
WEC _____	Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Date of Payment _____	<ol style="list-style-type: none"> 1. Complete Part 1. Incomplete applications will be rejected 2. Attach a plot plan and vicinity map. 3. Submit this completed application with appropriate fee a minimum of 24 hours in advance of initiating well decommission. Refer to Mason County Environmental Health fee schedule for cost. 4. Mason County Public Health must receive notification at least 24 hours prior to the decommissioning of the well.

PART 1: Applicant / Parcel Identification

Site Address _____ Start Card # _____
 Drilling Firm _____ Phone _____
 Applicant _____ Phone _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Parcel Number _____
 Directions to Site _____

Is the well being decommissioned to allow siting of potential source of contamination (ie. septic drainfield)? Yes No
If yes, a variance from DOE is required. Have you applied / received (circle one) a variance? Yes No

Applicant / Agent Signature

PART 2: Health Department Review (Staff Use Only)

YES NO TAG # _____ Called In _____
 Driller on Site?
 Has the well been decommissioned in accordance with WAC 173-160?
 Is this a cased well?
 Is a well report available that shows a surface seal?

Method of Decommission _____
and Comments _____

Pass Fail Inspector _____ Date _____

This form may be scanned and available for public view on the Mason County Web site.