Existing Well Seal Verification

Inspection Date _____________________________________________

Well Site Address ________________________________________________

Well Site Parcel Number ___________________________________________

Applicant Name _________________________________________________

Driller Name ___________________________________________________

Driller License Number __________________________________________

Driller Company _________________________________________________

Well Type Seal Verification Method

- Group B  Hand augered down _________ feet (minimum 3 sides of casing)
- Individual Excavated around casing down _________    inches  _______ feet
- ADU Other, please describe: ________________________________

Results

- Noted bentonite around casing consistent with drilling practices.
- No seal noted.

Driller Signature ______________________________________________ Date

NOTE: Any excavated soil and bentonite need to be re-applied around casing back to ground surface.

HEALTH DEPARTMENT USE ONLY

Approval Signature __________________________________________ Date

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.