

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
- Individual
- ADU
- Hand augered down _____ feet (minimum 3 sides of casing)
- Excavated around casing down _____ inches feet
- 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.