Individual Well Guide

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Include the following in your application submittal package:

- Tacoma-Pierce County Health Department Individual Well Application.
- Map showing clear directions to the site.
- Critical area sign offs from Pierce County Pre-Application Screening.
- Provide one copy of the site plan showing:
  - Parcel dimensions.
  - All proposed and existing wells on the parcel and within 100 feet of the parcel.
  - Circle centered on the well showing a 100-foot non-pollution well radius.
  - All septic tanks and drainfields on site, and the location of neighboring septic systems if the 100-foot well radius extends onto adjacent parcels.
  - Measurements from the well to building structures, septic systems and property lines on the parcel.
  - Other features, including surface water, springs, pastures, sewer lines and easements.
  - Areas containing stock animals (i.e., fenced areas for horses, cows or other animals and kennels).
- A full copy of the recorded formal or short plat indicating the source of water (if applicable).
- For a new proposed well, a "Restrictive Covenant" from the neighboring property owner is required if the 100-foot protective radius overlaps any part of an adjacent property.
- For well reconstruction proposals, contact us at (253) 649-1925 or EHSepticSystems@tpchd.org

Well site must be marked and accessible. Failure to stake the well site may result in a re-inspection fee.

- Pathways through undeveloped sites must be clearly marked and accessible to the well site.

We require the following before final application approval:

- Bacteriological test (less than one year old).
- Primary inorganic test (less than three years old).
- Water Well Report (existing wells must meet current construction standards). Find online at https://fortress.wa.gov/ecy/wellconstruction/map/WCLSWebMap/WellConstructionMapSearch.aspx
- One-hour flow test (less than three years old).

Questions? Contact us at (253) 649-1925 or EHSepticSystems@tpchd.org.

Individual Well Application

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VALIDATION

Site Address _____

City _____ State _____ Zip _____

Email _____ Parcel _____

Lot _____ Size _____ Section _____

Township _____ Range _____

Are there locked gates? ❑ No ❑ Yes, Gate Code _____

Are there dogs on site? ❑ No ❑ Yes, Are they secured? _____

Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Applicant Signature _____ Phone _____ Alternate Phone _____

Designer/Engineer _____ Well Driller (if applicable) _____

For replacement or irrigation wells, what is your current source of water? ❑ Public (shared) ❑ Individual

For replacement wells, is the existing water source: ❑ Out of water ❑ Low production ❑ Other _____

For replacement wells, the old well must be properly decommissioned by a licensed well driller.

"I certify that I am the legal owner (or owner's legal representative) of the property indicated on this application."

Property Owner or Representative Signature _____ Date _____ Representative's Legal Relationship _____

❑ New Well Site Inspection and Construction
❑ Well Site Inspection (ADU, Existing Well, Platting)
❑ Replacement Well Site Inspection & Construction
❑ Irrigation Well Site Inspection & Construction
❑ Well Re-Construction (Surface Seal or Deepening)

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