

# Public Well Application

Submittal package must include the following:

- Completed Public Well Application.
- Clearly mark the well site location with a flag or stake.
- Map showing clear directions to the site.
- One copy of a site plan showing:
  - Dimensions of the parcel where the well is located.
  - All proposed and existing wells on the parcel and within 100 feet of the parcel boundary.
  - Circle centered on the well showing a 100-foot non-pollution well radius.
  - Septic tanks, tightlines and drainfields on site, and 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, easements and kennels.
  - Areas containing stock animals (i.e., fenced areas for horses, cows or other animals).
  - Map showing location of proposed parcels and buildings connected to the water system.
- Critical Area Checklist from Pierce County Planning and Land Services (PALS) or <https://pals.piercecountywa.gov/palsonline/#/AboutMyProperty/>
- We recommend you review your critical area checklist for the following Indicators: wetland, flood zone and landslide erosion. Addressing these issues during the application process can save valuable time.
  - For wetland issues contact the Biologist-of-the-day at (253) 798-7005. You can address other by contacting Pierce County Development Engineering at (253) 798-3749.
- Copy of the recorded formal or short plat.
- We require a “Restrictive Covenant” from the neighboring property owner if the 100-foot protective radius overlaps any part of an adjacent property.
- Preliminary agreement with a Satellite Management Agency (SMA). Final agreement required before water system approval.

## Water Right requirement

- All proposed Group A wells and Group B wells with more than 6 connections must obtain a water right from Department of Ecology.

## Additional requirements

- All wells proposed as a drinking water supply must meet siting requirements (WAC 246-290 and EH Code Chapter 3.)
- All wells proposed as a drinking water supply must meet construction requirements (WAC 173-160 and EH Code Chapter 3.)
- You must submit Group B Design Report for review and approval once you meet siting and construction.

Questions? Contact us at (253) 649-1420 (option 2) or [EHDrinkingWater@tpchd.org](mailto:EHDrinkingWater@tpchd.org).

# Public Well Application

New Well Site Inspection & Construction       Replacement Well Site Inspection & Construction  
 Well Site Inspection (Existing Well)       Well Reconstruction (Surface Seal or Deepening)

Site Address \_\_\_\_\_

Parcel \_\_\_\_\_ Group Type  A  B

Well Type  New  Existing If existing, is well log attached? \_\_\_\_\_

Total Connections \_\_\_\_\_ Residential \_\_\_\_\_ Non-residential \_\_\_\_\_

If non-residential, what is the proposed population? \_\_\_\_\_

Are there locked gates?  No  Yes, Gate Code \_\_\_\_\_

Are there dogs on site?  No  Yes, Are they secured? \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

VALIDATION

If there is an existing water system, please provide the following information:

Water System Name \_\_\_\_\_ System ID \_\_\_\_\_

**We will charge a resubmittal fee for incomplete applications.** We require the following items to process your application.

- Critical Area Checklist if applicable – Only for new wells
- If your Critical Area Checklist indicates “yes” or “other comments”, approval is required
  - Flood Zone approval from Pierce County or appropriate municipality
  - Landslide/Erosion approval from Pierce County or appropriate municipality
  - Single Family Wetland Certification from a Certified Wetland Biologist or wetland approval from Pierce County or appropriate municipality
- A detailed site plan and directions to the site
- Well or well site must be clearly marked and accessible

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## HEALTH DEPARTMENT USE ONLY

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

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Well Site Inspection Date \_\_\_\_\_ Signature \_\_\_\_\_

Well Construction Inspection Date \_\_\_\_\_ Signature \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Final Approval Signature \_\_\_\_\_

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