Remodel Water Supply Inspection

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

We required you to complete this application to inspect your water source for a proposed remodel. This requirement for a well inspection is noted in Section 15-C.2b of the Environmental Health Code; Chapter 3.

Your application submittal package must include:

- This application.
- A map showing clear directions to the site.
- A copy of the site plan showing:
    - Accurate map and plot plan with all existing wells on the parcel.
    - 100-foot protective radius around the well(s).
    - All building structures on the parcel.
    - Septic tank(s) and drainfield(s) on site.
    - Any other features including surface water, pastures, sewer lines, etc.
- Recorded easement if your well is on a neighboring parcel.
- Current bacteria test results (less than one year old).
- Current nitrate test results (less than three years old.)

We will charge a resubmittal fee for incomplete applications.

Questions? Contact us at (253) 649-1420 or EHSepticSystems@tpchd.org.

You may also reach us by mail:

Tacoma-Pierce County Health Department
Drinking Water Program
3629 S.D St. MS 1054
Tacoma, WA 98418-6813

Remodel Water Supply Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

VALIDATION

Site Address _____

City_____ State _____ Zip _____

Parcel_____ Lot _____

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

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

Are the well and pump house accessible for inspection? ☐ No ☐ Yes

Does your existing well serve more than one parcel? ☐ No ☐ Yes

If yes, please explain _____

Describe the proposed remodel_____

Applicant Name _____

Mailing Address _____

City_____ State _____ Zip _____

Phone _____ Alternate Phone _____

Applicant Signature _____ Date _____

HEALTH DEPARTMENT USE ONLY

Inspection Date _____ EHS _____

Nitrate Sample Date _____ Result_____

Bacteria Sample Date _____ Result_____

	Yes	No
Are map and plot plan accurate, based on your observation at the source site?	❑	❑
Is there evidence of existing and/or potential contamination within 100 feet of source?	❑	❑
Is the site drained in a manner that safely conducts surface run-off away from source?	❑	❑
Is the well properly capped?	❑	❑
Are the overall sanitary conditions satisfactory?	❑	❑

Comments _____

_____

Approval Date _____ Signature_____

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