

WAT _____ - _____



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N. 6th Street
Shelton, WA 98584
Shelton: 360-427-9670, Ext. 400
Belfair: 360-275-4467, Ext. 400
Elma: 360-482-5269, Ext. 400

Application for Determination of Water Adequacy

Instructions

1. Complete Part 1. No determination can be made until Part 1 is fully completed.
2. Complete only the portion of Part 2 applying to the type of water connection utilized.
3. Submit completed application, with any required attachments for review.
4. An approved building site plan must accompany this application.

Part 1: Applicant/ Parcel Identification

Name on Applicant: _____ Date: _____

Mailing Address: _____ Phone: _____

Parcel Number: _____

Type of Water System

- Public/Community Water System (2 or more connections)
- Individual water source (one connection),
 - Well
 - Spring/surface water
- Other (explain) _____

If you have more than one residence connected to this well, check the Public/Community Water System box.

Reason for Application

- Building permit
- Division of land:
of Parcels? _____ SPL _____
- Boundary line adjustment
- Other (explain) _____
- Replacement or Remodel (please indicate name of water system below if applicable – no signature required)

Part 2: Water Connection Information

Complete the section appropriate for the type of water connection being evaluated:

Public Water System

Name of Water System: _____

Water Facility Inventory (WFI) Number: _____
(write "none" for two-party)

- I am the manager of this water system. The water system has been approved for _____ services. There are presently _____ connection(s) in use. This will be the _____ connection.
- I am the manager of this system. This connection will be to upgrade or change the use of an existing connection on this system (i.e.: recreational to full time). Please indicate on the following line the nature of this change: _____

This water system is able and willing to provide water to this (these) connection(s) without exceeding the limits of the water system or any limits set by state and local regulation.

Signature of Water System Manager _____ Date _____

This form may be scanned and available for public view at www.co.mason.wa.us.

Individual Water Well

- Water well report (attached to application). Depth _____ ft.
- Well capacity Test (attached to application) _____ gpm _____ gpd.

The well driller often performs well capacity tests at the time the well is constructed. Results from these tests are noted on the water well report. Results from these tests will be accepted. If the water well report cannot be located by the applicant or if the water well report does not have a capacity test, a well capacity test, which provides stabilization of draw-down and recovery data, must be performed by a licensed contractor.

- Satisfactory bacteriological test (attach to application).

Water Resource Inventory Area (WRIA)

Development within which WRIA <http://gis.co.mason.wa.us/planning> 14___ 15___ 16___ 22___

Water use or limitation recorded..... N/A___ Yes___

Well Drilled Date _____

Individual Spring/Surface Water

- WDOE permit (attach to application)
- Method of disinfection _____

- I have reason to believe that this water source can provide at least 800 gallons per day; and/or provides water at a rate of 2 gallons per minute based on the following observations.

Author of Statement _____ **Date** _____

Relationship to Applicant _____

Part 3: Mason County Community Services Evaluation *(staff use only)*

- Satisfactory Determination:**
This determination does not address adequacy of the distribution system, guarantee an adequate supply of water indefinitely in the future, or guarantee compliance with all applicable WDOE water resource regulations. Recommended approval indicates requirements of Sanitary Code, Title 6, Chapter 6.68.040-Determination of Adequacy for Building Permits are satisfied. Additional Growth Management requirements may apply. Chapter 36.70A RCW.
- Unsatisfactory Determination:**
Applicant's water supply does not appear adequate to meet the needs of its intended use for the following reason(s). _____

Reviewer's Signatures:

Environ. Health: _____ Date _____

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