



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6th Street, Bldg 8, Shelton WA 98584,
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400
FAX (360) 427-7787

Private Two-Party Water Systems

Eligibility

The water system must be for two connections on one parcel, such as a single-family residence and an unattached ADU, or one connection each between two contiguous parcels. Parcels that are not contiguous must obtain easements before approval of the two-party well. Parcel(s) must meet minimum land area requirements per WAC 246-272A-0320, regardless of when the lots were formed. When determining the minimum required parcel size, two-party wells are considered individual wells with a minimum land area requirement of 1 acre per parcel.

Review Process and Fees

Two-party applications have a two-step review process: 1) A well site inspection of the water source and possible sources of contamination. 2) A review of related documents and septic records to determine suitability. A well-site inspection fee and two-party permit packet review fee must be paid when the permit is initiated. Refer to the Mason County Environmental Health fee schedule for the current fee amount.

Permit Packet

Submit the following items directly to Mason County Environmental Health (N 6th St entrance)

- ❑ **Two-Party Private Water System Application:** Complete page 1 of the application form.
- ❑ **Satisfactory Bacteriological Test** (less than 12 months old): Any certified drinking water laboratory can perform this test. You can pick up sample bottles with sampling instructions at Mason County Environmental Health and return them only on a Monday or Tuesday, along with a check to Thurston County for sample testing.
- ❑ **Well Log/Report and Capacity Test:** The well driller that drilled the well or Washington State Department of Ecology be able to help you find the log for your well. Search well logs on the Department of Ecology's website at <https://apps.wa.gov/wellconstruction/map/WCLSWWebMap/default.aspx> or contact them by phone at (360-407-6300). Many well logs include a well capacity test (often in the lower left section) but some well logs may not include one. Contact a licensed well driller for a capacity test if a well log with a satisfactory capacity test is not available, or if additional capacity or drawdown information are required. The capacity test must show that the well can produce a minimum of 400 gallons per connection per day, for a total of 800 gallons per day for two-party wells. The capacity test should include well-drawdown information.
- ❑ **Notice to Future Property Owners of Private Two-Party Water System:** Fill in the required information on page 1 and have page 2 signed and notarized by a Notary Public. Record the document at the Mason County Auditor's Office (411 North 5th Street, Shelton) and submit a copy with the Auditor's File Number (AFN) to Environmental Health. If the form is incomplete or includes incorrect information, you may be required to submit a corrected document. See the last page of this packet for recommendations for recorded documents or contact Environmental Health for help completing the notice form.
- ❑ **Septic Records:** Submit all applicable septic records for review to ensure setbacks are met. If setback concerns exist and septic records are lacking, additional locating requirements may be required.

FOR FUTURE WELLS: The bacteriological test and well log and/or capacity test may be deferred until after the well site inspection is complete. All items must be submitted before permit packet review and approval.



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Where Should I Site My Well?

Individual or Private Two-Party Well Siting

The setbacks and placement considerations for an individual well are:

- ❑ The well site should be located on the highest ground possible, up-slope from potential contamination sources.
- ❑ The well site should be protected from a one-hundred-year flood and any surface or subsurface drainage that may impair groundwater quality.
- ❑ The following minimum distances shall be maintained:
 - 5 ft From the building (from the farthest overhang, such as the eave edge)
 - 50 ft From septic tanks, septic containment vessels, septic holding tanks, septic chamber and d-box, building sewers, and collection and non-perforated distribution pipe.
 - 100 ft From sewage system drainfields, including proposed and reserve sites, provided that the design has been approved for installation by Mason County Environmental Health, outhouses, manure lagoons, sewage lagoons, industrial lagoons, hazardous waste sites, sea-salt water intrusion areas, livestock barns, and livestock feed lots, pipelines used to convey materials with contamination potential, and chemical and petroleum storage areas.
 - 1000 ft From solid waste landfills.
- ❑ In addition, the Mason County Planning Department administers several regulations that govern the location of development activities, such as wells, in relation to critical areas, including saltwater, streams, wetlands, and steep slopes. Before drilling, Mason County Planning needs to be contacted if a Resource Land and Critical Areas Checklist (RLC) has not yet been completed for your property. The RLC will identify these critical areas and their setback for you.
- ❑ A utility permit may be required by the Mason County Public Works Department or from the Department of Transportation for work done in or near right-of-ways. Road crossings for the installation of water/septic lines are included in this process. For a determination or for requirements involved in this permit process, please contact Mason County Public Works Department at (360) 427-9670 Ext. 450.



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Shelton: 360-427-9670 x400 Belfair: 360-275-4467 x400 Elma: 360-482-5269 x400

Date Received:

Amount Received:

Received By:

WEL

TWO-PARTY PRIVATE WATER SYSTEM APPLICATION

APPLICANT		PHONE	
MAILING ADDRESS – STREET, CITY, STATE, ZIP			
SITE ADDRESS – STREET, CITY, STATE, ZIP			
PRIMARY PARCEL NUMBER (WELL SITE)			
SECONDARY PARCEL NUMBER (SAME AS PRIMARY IF LOCATED ON SAME PARCEL)			
WATER SOURCE <input type="checkbox"/> New <input type="checkbox"/> Existing	SOURCE TYPE <input type="checkbox"/> Well <input type="checkbox"/> Spring	PARCEL 1 LOT SIZE (min 1 acre)	PARCEL 2 LOT SIZE (min 1 acre)
PROPOSED WATER SYSTEM NAME (REQUIRED).			
PROJECT DESCRIPTION (e.g., detached ADU, new single-family residence, existing connection, etc.)			
DIRECTIONS TO SITE / CONDITIONS / GATE CODE / KEY LOCATION / ETC.			

Site Plan: (may also be attached)

(property boundaries, structures, well site w/100' radius, driveways, roads, septic/sewer components and lines, water lines, property easements, etc.)

Required Submittals Checklist: (additional information located on the first page of this packet)

- Satisfactory bacteriological test from within the last year (this may be deferred if the well has not been drilled yet)
- Well log and/or capacity test performed by a well driller (this may be deferred if the well has not been drilled yet)
- Notice to Future Property Owners of Private Two-Party Water System recorded with Mason County Auditor's Office
- Septic Records (additional locating requirements may apply if there is a lack of septic records on file)

This form may be scanned and made available for public viewing on the Mason County website.

Revised: 01/10/2025

Review Step 1: Well Site Inspection:

YES NO NA

Evidence of existing sources of contamination within a 100-foot radius of the water source?
(drainfields, tanks, buildings; indicate distance on plot plan)

Are there roads within a 100-foot radius of the water source?
Is the road Private, County, or State? (circle one) Distance to the road(s) _____

Does the ground slope away from the water source site?

Satisfactory well cap?

Well cap screened and vented?

The well casing extends _____ above level ground / concrete slab? (circle one)

Evidence of a surface seal?

Adequate surface seal?

Variance necessary for well site approval?

Lat:

Lon:

Tag:

Comments:

Pass Fail Inspector _____ Date _____

Review Step 2: Two-Party Review:

YES NO NA

Water well report (well log) with a concurrent capacity test?

Nonconcurrent/separate capacity test?

Capacity test information: Date _____ Driller _____

GPM _____ Duration (minutes) _____ GPD _____

Satisfactory bacteriological analysis? Date of test _____

Signed, notarized, and recorded notice to future property owners? AFN _____

The system appears adequate to serve two connections based on the information provided?

Comments:

Approved Denied Reviewer _____ Date _____

Findings in this review reflect observed conditions as they existed on the day of the site inspection. No claim is made, express or implied of the future success or failure of this system. Well site approval does not constitute water system approval. All proposed connections to new wells are subject to water adequacy requirements at time of building permit per MCC 6.68. Water usage restrictions and additional fees may apply to all new wells drilled after January 19th, 2018 per ESSB 6091.

Return To

Grantor(s): (1) _____, (2) _____

Grantee(s): (1) PUBLIC

Legal Description (1) _____
(Abbreviated form: i.e. lot, block, plat or section, township, range)

Assessor's Tax Parcel: (1) _____

NOTICE TO FUTURE PROPERTY OWNERS OF PRIVATE TWO-PARTY WATER SYSTEM

I (We) the undersigned grantor(s), certify that the water source located on the above-described real estate under **Legal Description (1) and Assessors Tax Parcel (1)** situated in Mason County, State of Washington, has been designated to serve a source of water to the following parcels situated in Mason County, State of Washington; herein described:

Tax Parcel: (Connection 1) _____

Tax Parcel: (Connection 2) _____

The system owner is responsible for keeping this system in compliance.

The name of the water system is: _____

This system is designed to provide for two service connections. Planning and design approvals must be obtained from the department prior to expanding beyond this number of services. Additionally, a water right, obtained from the Department of Ecology, is required if the water system exceeds exemption standards.

This system (has/ has not) been granted one or more waivers from specific provisions of the regulations.

Dated on this _____ day of _____, 20____.

Signature of Grantor(s):

(1) _____, (2) _____

State of Washington
County of Mason

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _____ day of _____, 20____, _____ personally appeared before me, who is known to be signer of the above instrument, and acknowledged that he (she) (they) signed it.
GIVEN under my hand and official seal the day and year last above written.

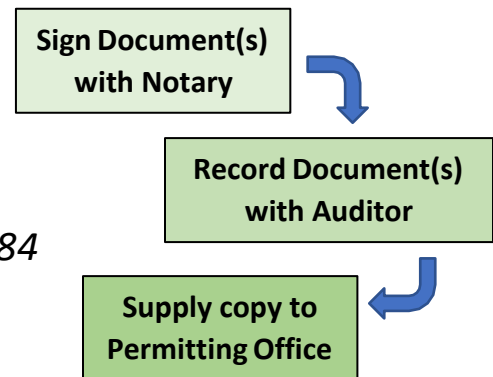
Notary Public in and for the State of Washington,
residing at _____
My commission expires: _____

Recommendations for Recorded Documents and Permits

County supplied recording documents are formatted to meet state and county requirements. Mason County staff are not responsible for how these documents are altered by the owner, applicant, or contractors.

- Do not alter scale when printing document(s). Print on 8.5x11 paper only.
- Do not write or stamp within the margins.
- Do not cut or fax the document(s).
- Prior to submitting completed document(s) back to permitting office, record with/at:

*Mason County Auditor
PO Box 400 – Shelton, WA 98584
411 N. 5th Street - Shelton, WA 98584
460-427-9670, ext. 467*



- Make sure all pages are recorded, most of the county supplied documents are now 2 pages to meet format requirements.
- Recording fees will apply to record document. Contact the Auditors office for current fees, or visit their website:
<https://masoncountywa.gov/auditor/index.php>
- After documents are recorded, return a copy with AFN recording number to the permitting office requesting the document(s):

Public Health

415 N. 6th Street
Shelton, WA 98584
360-427-9670, ext. 400

Permit Assistance Center

615 W. Alder Street
Shelton, WA 98584
360-427-9670, ext. 352