

# Well Decommissioning Application



Site Address _____ City _____ State _____ Zip _____ Parcel _____ Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____	VALIDATION
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"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
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Well Drilling Company \_\_\_\_\_ DOE Start \_\_\_\_\_

Well Driller on site during inspection?  Yes  No

Has the well ever served more than one residence?  Yes  No

Well Status:  Public  Individual  Abandoned  Other \_\_\_\_\_

If Public, System Name \_\_\_\_\_ State ID Number \_\_\_\_\_

Well Type:  Drilled  Dug  Sandpoint  Other \_\_\_\_\_

Well Depth \_\_\_\_\_ Well Diameter \_\_\_\_\_ Static Water Level \_\_\_\_\_ Liner:  Yes  No

Sources of contamination within 100 feet \_\_\_\_\_

<p><b>Drilled</b></p> <input type="checkbox"/> Extract casing and pressure grout <input type="checkbox"/> Perforate casing and pressure grout <input type="checkbox"/> Variance request (written justification required)	<p><b>Hand Dug</b></p> <input type="checkbox"/> Chlorinated and pea gravel <input type="checkbox"/> Sealant material From _____ to _____ <input type="checkbox"/> Topsoil From _____ to _____ <input type="checkbox"/> Variance request (written justification required)	<p><b>Sandpoint</b></p> <input type="checkbox"/> Overdrill well, extract casing and pressure grout <input type="checkbox"/> Variance request (written justification required)
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**HEALTH DEPARTMENT USE ONLY**

Decommissioning Inspection Date \_\_\_\_\_ Inspector \_\_\_\_\_

Comments \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

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

# Well Decommissioning Guide

The well must be properly decommissioned by a licensed well driller in accordance with WAC 173-160.

Submittal package must include:

- Well decommissioning application and fee.
  - See Tacoma-Pierce County Health Department fee schedule for applicable fees.
  - Reinspection fees will apply to sites requiring multiple inspections.
- Vicinity map or written directions to the site.
- Reason for decommissioning the well.
- Results of water analysis, required only if there is known contamination of the well.
- Well log (if applicable).
- Site diagram drawing including:
  - Site dimensions (include property line).
  - Location of house, garage and other structures.
  - Location of septic tank and drainfield.
  - Location of well to be decommissioned.
    - Show distance of well from property lines.
  - Location of new/proposed water supply (if applicable).
- Description of decommissioning method.
- DOE start notification number.
- If the well has ever supplied more than one residence, we may require additional information.

Every reasonable effort should be made to decommission the well in accordance with WAC 173-160 **before** you request a variance. We will grant a variance only if the well can't be decommissioned using methods outlined in Chapter 173-160 WAC.

We will notify the applicant in writing whether to proceed with the decommissioning, or if we need additional information.

We require the following for **final application approval**:

- Well decommissioned by a licensed driller.
- A copy of the water well report received within thirty days of completion.
- Approved decommissioning inspection report by the Health Department.
- Variance request/approval in writing (if applicable).

Questions? Contact Jeremy Bush at (253) 798-2885 or [EHSepticSystems@tpchd.org](mailto:EHSepticSystems@tpchd.org).