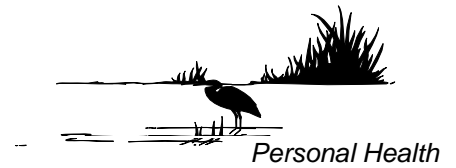


MASON COUNTY

DEPARTMENT OF HEALTH SERVICES

Environmental Health



PO BOX 1666 SHELTON, WA 98584
LOCAL (360) 427-9670
BELFAIR (360) 275-4467
FAX (360) 427-7798

Application for Determination of 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 system utilized.
3. Submit completed application, with attachments to the health department for review.

PART 1: Applicant/Parcel Identification

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_
Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_
Assessor's Parcel Number \_\_\_\_\_

Type of Water System (Check One):

- Public/Community Water System (2 or more connections)\*\*
Individual water source (one connection), if so..
Well
Spring/surface water
Other (explain)\_\_\_\_\_
\*\* If you have more than one residence connected to this well, check the Public box.

Reason for Application (Check One):

- Building permit
Land use application, if so..
Division of land:
# of Parcels? \_\_\_\_\_ SPH \_\_\_\_\_ - \_\_\_\_\_
Boundary line adjustment
Other (explain)\_\_\_\_\_

PART 2: Water System Information

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

Public Water System

Name of Water System \_\_\_\_\_
Water Facility Inventory (WFI) Number: \_\_\_\_\_
(write "none" for two party)
The water purveyor has filed a letter granting blanket hookups to this water system.
I am the manager of this water system. The water system has been approved for \_\_\_\_\_ services.
There are presently \_\_\_\_\_ connections in use. This will be the \_\_\_\_\_ connection. 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 \_\_\_\_\_

### Individual Water Well

Water well report (attach to application) Depth \_\_\_\_\_ ft.  
Well capacity test (attach 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)

### 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 \_\_\_\_\_

IN ADDITION TO PROVIDING THE ABOVE STATEMENT, THE APPLICANT WILL NEED TO ARRANGE AN ON-SITE INSPECTION BY THE HEALTH DEPARTMENT PRIOR TO DETERMINATION OF ADEQUACY.

### Departmental use only. Do not write below this line.

#### PART 3: Health Department Evaluation (Staff Use Only)

SATISFACTORY DETERMINATION: Applicant's water supply appears adequate to meet the needs of its intended use.

*This determination does not address adequacy of the distribution system, guarantee an adequate supply of water indefinitely into the future, or guarantee compliance with all applicable WDOE water resource regulations.*

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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_