



POTENTIAL GWI SOURCE IDENTIFICATION AND DESIGNATION FORM

Any drinking water professional (or contract representative) from a public health jurisdiction (local health jurisdiction or state drinking water program) may formally identify to the state a potential GWI source, if they find a drinking water source that meets the Potential GWI Identification Criteria given below. A professional engineer or hydrogeologist, with experience in the state drinking water programs and GWI Program, may designate a potential GWI source. A source must be designated a potential GWI source before it can be initiated into the GWI Program and evaluated under the GWI determination process.

Potential GWI Identification Criteria

Please circle those criteria below that apply to the identification and designation of this potential GWI source.

1. A well with an open interval of 50 feet or less below the ground surface at the wellhead which is also located within two hundred feet of surface water.
2. Ranney well.
3. Infiltration gallery.
4. A spring or springs.
5. A hand pump not meeting minimum construction standards outlined in WAC 173-160.
6. A dug well not meeting minimum construction standards outlined in WAC 173-160.
7. A sand point (well point) not meeting minimum construction standards outlined in WAC 173-160.
8. Well located within 200 feet of surface water that lacks construction documentation.
9. Other: _____

Potential GWI Identification and Designation Data

Water System Name: _____
Water System ID : _____
Source Name: _____
Source ID #: _____
Well Tag #: _____

General Description of Source [Include size, type, depth (to screen, bottom, pump, static water level), construction details, well log (if available), a cross-sectional drawing or sketch, if available, etc.]: _____

General Description of the Sanitary Control Area (SCA) within 200 feet of the source [Include a plan-view map or aerial photograph of the general area, if available]: _____

Identifier or Designator Comments: _____

Potential GWI Source Identifier's Name and Title (print): _____

Potential GWI Source Identifier's Signature: _____

Date of Signature: _____

Potential GWI Source Designator's Name and Title (print): _____

Potential GWI Source Designator's Signature: _____

Date of Signature: _____

Return completed form to: GWI Program Lead
 Department of Health
 Office of Drinking Water
 P.O. Box 47822
 Olympia, WA 98504-7822

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this form, call 1-800-521-0323.