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 the 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 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, 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.]:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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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 your local regional office:

**Northwest Regional Office:**
20425 72nd Ave. S., Suite 310
Kent WA  98032
Main Office: 253-395-6750
Fax: 253-395-6760

*Area of Coverage: Island, King, Pierce, San Juan, Skagit, Snohomish, and Whatcom Counties*

**Southwest Regional Office:**
243 Israel Road SE, Tumwater
PO Box 47823, Olympia WA 98504
Main Office: 360-236-3030
Fax: 360-664-8058

*Area of Coverage: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum Counties.*

**Eastern Regional Office:**
16201 E. Indiana Ave., Suite 1500
Spokane Valley WA 99216
Main Office: 509-329-2100
Fax: 509-329-2104


For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).