|  |  |
| --- | --- |
| Water System Name | County |
| Contact Person | Phone |
| Address |
| Location of well *(address or parcel number)* | Name of owner or representative present during inspection  |
| Inspected By | Date Inspected |
| Section/Township/Range/Quarter/Quarter | GPS Coordinates |
| *Please provide a site plan copy that includes: well location; sanitary control area; well site parcel dimensions; and location of any wells, septic tanks, drain fields, structures, roads, driveways, corrals, pastures, pipelines, and surface water within 200 feet of well location. If well is not yet drilled, location should be staked/flagged.* | **Yes, No, or N/A** |
| 1. Map provided was accurate, based on your observation at well site?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Slope of ground within well site is such that contamination due to run-off and flooding potential is at a minimum?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Site is safe from flooding, landslides, vehicular damage, etc.?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Avoided public or private roads as far as possible?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Roads (if any) within the well site are paved and properly ditched or drained to exclude surface run-off from the well?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Contamination sources, such as septic tanks, chemicals, underground storage tanks, surface water, and dry wells are absent from well site?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Is the well site accessible for drilling and maintenance?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| Existing Well *(Please provide a copy of the water well drilling report and pictures of the well.)*  |  |
| 1. Sanitary well cap properly installed?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Is annular seal present?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Is casing in good shape?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Does casing terminate at least 12 inches above grade?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. If well is in a pit, does the pit drain to daylight?
 | Yes [ ]  | No [ ]  | N/A [ ]  |
| This well site is considered: [ ]  Satisfactory [ ]  Satisfactory with mitigation [ ]  Not Satisfactory |
| Next Steps |
| Follow the Utility Service Review Procedures if well is located in a Critical Water Supply Service Area. |
| Obtain and record covenants from neighboring landowners if necessary to establish a sanitary control area. |
| Sources with the first open interval less than 50-feet below the ground surface and within 200-feet of a stream, pond, lake, river, irrigation ditch, or other body of water are considered potential GWI and must be evaluated. Be prepared to obtain water from these wells on several occasions to determine treatment requirements for source approval. *(During source approval ODW may determine a source other than the criteria above is a potential GWI source.)* |
| Your design engineer must determine whether a new Group A source requires corrosion control treatment. At a minimum alkalinity and pH information are required prior to source approval and pH must be measured in the field. |
| Naturally occurring compounds such as ammonia, bromate, and organic carbon may impact your ability to successfully treat water for arsenic or microbial contaminants. Research other wells in the area to determine whether treatment may be required and sample accordingly. |
| Submit a project report and construction documents or a Group B workbook for ODW approval. Please refer to the Water System Design Manual and chapter 246-290 WAC or the Group B Water System Guidelines for submittal requirements.  |
| **Comments** |

