



PO Box 1666, 415 N 6<sup>th</sup> Street, Bldg 8, Shelton WA 98584,  
 Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400  
 FAX (360) 427-7787

## 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 on Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone:: \_\_\_\_\_  
 Parcel Number:: \_\_\_\_\_

#### Type of Water System

- Public/Community Water System (2 or more connections)\*\*
- Individual water source (one connection),
  - Well
  - Spring/surface water
- Other (explain) \_\_\_\_\_

*If you have more than one residence connected to this well, check the Public/Community Water System box.*

#### Reason for Application

- Building permit
- Division of land:  
# of Parcels? \_\_\_\_\_ SPL \_\_\_\_\_
- Boundary line adjustment
- Other (explain) \_\_\_\_\_
- Replacement (please indicate name of water system below if applicable – no signature required)

### 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)

I am the manager of this water system. The water system has been approved for \_\_\_\_\_ services. There are presently \_\_\_\_\_ connection(s) in use. This will be the \_\_\_\_\_ connection.

I am the manager of this system. This connection will be to upgrade or change the use of an existing connection on this system (i.e.: recreational to full time). Please indicate on the following line the nature of this change: \_\_\_\_\_

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 (attached to application). Depth \_\_\_\_\_ ft.
- Well capacity Test (attached 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 Mason County Public Health prior to determining adequacy.

### Departmental Use Only: *Do not write below this line.*

#### Part 3: Mason County Public Health Evaluation

- Satisfactory Determination:**  
Applicant's water supply does appear 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 in 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 \_\_\_\_\_