WELL DELEGATION APPLICATION

Grant County Health District

P.O. Box 37 Ephrata, WA 98823 (509) 754-6060
1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960
"Always working for a Safer and Healthier Grant County"

FAX NUMBER
509-754-0941
***Call in Line 509-754-6060 ext. 7**
24-48 Hour Notice Please

Part 1: To be completed by property owner, authorized agent, or well driller.

*Property Owner _____ Phone Number _____

*Site Address _____ *City _____

*Parcel #__ __ - __ __ __ __ - __ __ __ *Notice of Intent # __ __ __ __ __ __ __

*Driller _____ * License #: __ __ __ __ *Drilling Co._____

*Expected Start Date _____ *Estimated Start Time _____ *Estimated Time of Sealing _____

*Purpose of Application: New Well _____ Decommission _____

*Purpose of Well: Individual (Private) _____ Public: Group A _____ Group B _____ Other_____

*Location: _____ ¼ _____ ¼ Section _____ Township _____ Range _____

Casing:

Surface "Can" diameter _____ inches by (length) _____feet

Proposed (actual) final casing diameter _____ inches

Casing pipe new material? _____ Casing stick-up height _____feet

Seal Material:

Bentonite sealing material: Brand _____ Type _____

Number of bags of bentonite on site _____

Annular space 2 inches or greater? _____

Decommissioning: Must be performed by a licensed well driller.

Well Log available _____ Please attach copy of well log if available.

Well Depth _____ Well Diameter: _____ Static Water Level: _____

Casing/Liner Type: _____ Depth: _____

Describe methods of Decommissioning: _____

_____

The owner or agent of the owner attests the information provided is correct to the best of their knowledge.

Signature_____ (Owner___ Agent___) Date _____

Part 2: To be completed by Grant County Health District

Inspection – Date _____ Time _____ Inspector _____ Driller "No Show" Y/N
Notification – Date _____ Time _____ Person _____

Final Well Assessment	**Yes**	**No**		
Seal Materials OK			Well Tag Number	
Seal Construction appears OK			Inspection During or Post Construction	

Notes: _____

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