



Individual Well Site Inspection Report

INSTRUCTIONS:

1. Complete sections 1, 2, and 3.
2. Sign and submit application by mail **OR** email at envhealth@sanjuancountywa.gov

1. PROPERTY INFORMATION:

Tax Parcel Number: _____ Island: _____
Subdivision: _____ Lot Number: _____
Property Size: _____ (acres/square feet)
Site Address (if known): _____
Directions to Property: _____

2. APPLICANT INFORMATION:

Name of Applicant: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

3. WELL INFORMATION

Driller's Name: _____ Driller's Email: _____
Well ID #: _____ Projected Date of Surface Seal: _____

- | | | |
|--|-----|----|
| | Yes | No |
| 1. Is there bacteriological contamination within the sanitary control area (100 foot radius)(e.g.; septic tanks, drainfields, manure piles, sewer lines, animal enclosures etc.)?..... | | |
| 2. Is there chemical contamination within the sanitary control area (100 foot radius) (e.g.; underground storage tanks, public roads, chemical storage, garbage etc.)?..... | | |
| 3. Is the well within 1000 feet of a solid waste landfill?..... | | |
| 4. Is the property line within 100 feet of the well site?..... | | |
| a. If yes, did neighboring property owner grant a sanitary easement? | | |
| b. If no, the applicant must submit a variance request to Health & Community Services <u>PRIOR</u> to drilling the well. | | |
| 5. Is the property serviced by a septic system?..... | | |
| a. If yes, has the system already been designed and/or installed? | | |
| b. If no, please have the septic system designer sign the <u>PLOT PLAN</u>. | | |

I hereby certify that I have read the information submitted on this document and know the same to be true and correct. All provisions of laws and ordinances governing this project will be complied with whether specified herein or not.

Signature of Well Driller, Designer, or Engineer

Date

4. PLOT PLAN

Attach or draw in the space provided a scaled plot plan that indicates: property lines and easements, existing and proposed buildings, marine shorelines, bodies of fresh water (including seasonal streams), existing and proposed roads and driveways, existing and proposed septic systems, any potential or existing source of contamination, and adjacent public and private water sources.

Driller's Signature

Septic Designer's Signature

OFFICIAL USE ONLY – INSPECTION RECORDS

- Yes No
1. The sanitary control area (100 foot radius) was reviewed with no signs of chemical and bacteriological contamination observed?.....
 2. The well was properly capped and vented?.....
 3. The surface seal appeared to be satisfactory?.....
 4. Well Tag ID #: _____

Comments: _____

Signature of Health Official

Inspection Date