



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

INDIVIDUAL WELL SITE INSPECTION REPORT
VARIANCE REQUEST

I. INSTRUCTIONS:

- 1. Complete sections II, III, and IV.
2. Sign and submit application to the San Juan County Health & Community Services Department.

II. PROPERTY INFORMATION:

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

III. APPLICANT INFORMATION:

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

IV. WELL INFORMATION:

Driller's name: Well ID#:
Projected dated of setting surface seal:

Table with 2 columns: Question, Yes, No. Contains 8 questions regarding well site contamination and safety.

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

IV. 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 Signature

Septic Designer Signature

Only Inspection Records (Official Use Only)

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

Signature of Health Official

Inspection Date

Variance Request (Official Use Only)

- | | | | |
|----|--|-----|-----|
| 1) | Variance request contains adequate mitigation measures | ___ | ___ |
| 2) | Neighboring property inspected with adequate room to install a septic system | ___ | ___ |
| 3) | No other reasonable location available on-site to drill a well | ___ | ___ |

Variance Request Approved

Variance Request Denied

Comments: _____

Signature of Health Official

Date