

IRRIGATION WELL WAIVER

Drinking Water

Submittal Date	Memo Number	Review Fee

SITE ADDRESS OF WELL
Street Address
City
Assessor's Account Number

APPLICANT		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

CERTIFICATION AND ACKNOWLEDGMENT

By signing this document, I understand that if all review criteria identified below cannot be met, the request will be denied and the well will be decommissioned and reported, in accordance with Chapter 173-160-381 WAC. I also understand that should the waiver be approved but the conditions of approval are not maintained, the well will be decommissioned and reported, in accordance with Chapter 173-160-381 WAC.

Name Printed

Signature

Date

HEALTH DISTRICT REVIEW

EVALUATION CRITERIA	Yes	No
Inspection – The well is functional, safe, and sanitary, with means for use.	<input type="checkbox"/>	<input type="checkbox"/>
Setback Requirements Met	<input type="checkbox"/>	<input type="checkbox"/>
Property Line Setback Requirement Met or Restrictive Covenant Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Bacteriological Sample – Passing result for source type. Sample collected by a qualified individual and within 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
Nitrate Sample – Result indicative of low vulnerability or mitigation in place for groundwater protection. Sample collected by a qualified individual and within 36 months.	<input type="checkbox"/>	<input type="checkbox"/>
Cross Connection Control – Written statement from licensed driller/plumber/engineer of no cross connection between domestic system and auxiliary system.	<input type="checkbox"/>	<input type="checkbox"/>
Cross Connection Control – Purveyor notified	<input type="checkbox"/>	<input type="checkbox"/>
Meets water right exemption criteria / Irrigation Plan accepted / Water Right Permit provided.	<input type="checkbox"/>	<input type="checkbox"/>