

Well Site Inspection Application

Drinking Water

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

WELL SITE ADDRESS	OWNER OR APPLICANT INFORMATION
Street Address	First Name Last Name Contact Phone
City	Mailing Street Address
Assessor's Account Number	Mail City Mail State Mail Zip/Postal

APPLICATION DETAILS		
Well information	Well details <input type="checkbox"/> Replacement well <i>(complete existing source section below)</i> <input type="checkbox"/> New well	Type of use <input type="checkbox"/> Individual <input type="checkbox"/> 2-party <input type="checkbox"/> Irrigation/Agriculture <input type="checkbox"/> Public - Group B <input type="checkbox"/> Public - Group A
	Existing source Info. Existing source of water: _____	Do you intend to use the existing source for irrigation? <input type="checkbox"/> Yes <input type="checkbox"/> No

SITE PLAN REQUIRED
<p>A scaled site plan is required showing: position of staked well site; existing well; North arrow; and distance from well site to: structures, houses, garages, outbuildings, roads, property lines, animal enclosures, active pastures, septic tanks, drainfield(s), and reserve areas on both the subject property and neighboring properties. Inaccurate site plans or site plans not meeting the minimum requirements will require a revision to the site plan to be submitted with the corresponding revision fees.</p>

SIGNATURE & ACKNOWLEDGEMENT	
<p>As the property owner or the property owner's representative, I authorize the health officer and/or his/her representative access to the above property and certify that the information provided in this application is true and accurate and that this application is filled out completely and to the best of my knowledge.</p>	
Name Printed	Contact phone Number
Signature	Date