Review Fee



IRRIGATION WELL WAIVER

Drinking Water

SITE ADDRESS OF WELL	APPLICANT	APPLICANT			
Street Address	First Name	Last Name	Cont	tact Phone	
City	Mailing Street Addre	555			
Assessor's Account Number	Mail City	Mail State	Mail	Zip/Posta	
CERTIFICATION AND ACKNOWLEDGMENT By signing this document, I understand that if all					
denied and the well will be decommissioned and understand that should the waiver be approved decommissioned and reported, in accordance w	but the conditions of app	proval are not maintained, th			
Name Printed Signature			Date		
HEALTH DISTRICT REVIEW					
EVALUATION CRITERIA			Yes	No	
Inspection – The well is functional, safe, and sanitary, with means for use.					
Setback Requirements Met.					
Construction Standards Met.					
Property Line Setback Requirement Met or Restrictive Covenant Obtained.					
Bacteriological Sample – Passing result for source type. Sample collected by a qualified individual and within 12 months.					
Nitrate Sample – Result indicative of low vulnerability or mitigation in place for groundwater protection. Sample collected by a qualified individual and within 36 months.					
Cross Connection Control – Written statement from licensed driller/plumber/engineer of no cross connection between domestic system and auxiliary system.					
Cross Connection Control – Purveyor notified.					
Meets water right exemption criteria / Irrigation	n Plan accepted / Water F	Right Permit provided.			
Notice to Title for Irrigation Well recorded (only record if approval will be granted)					

Submittal Date

Memo Number