



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**

Fee: _____ Date: _____ Receipt #: _____

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: _____

	<u>Yes</u>	<u>No</u>
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) Property line within 100 feet of the well site & owner refused to grant sanitary easement?	___	___
5) Mitigation measures attached to application	___	___
6) Neighboring property already has septic system designed or installed.....	___	___
7) No other location accessible on property to drill well	___	___
8) Is the property served by a septic system.....	___	___
a) If yes, has system already been designed and/or installed	___	___

*If the answer to question 8a is **no**, please have septic system designer sign plot plan*

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

**Official Use Only
Inspection Records**

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 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

- | | | | |
|----|------------------------------------------------------------------------------------|-----|-----|
| 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

Signature of Health Official

Date