



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

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:

- 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) Is the property line within 100 feet of the well site?
a) If yes, did neighboring property owner grant a sanitary easement?
If the answer to question 4a is no, the applicant must submit a variance request to Health and Community Services prior to drilling the well. Please utilize the appropriate form.
5) Is the property served by a septic system?
a) If yes, has system already been designed and/or installed?
If the answer to question 5a 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# _____. | | |

Comments: _____

Signature of Health Official
document77

Inspection Date

Revised : 4/2/04