



**APPLICATION FOR PUBLIC WELL SITE INSPECTION**

*The applicant is responsible for the accuracy of the information provided.*

Date: \_\_\_\_\_ Property Tax Account Number: \_\_\_\_\_

**PROPOSED WATER SYSTEM NAME:** \_\_\_\_\_

**LOCATED (Address):** \_\_\_\_\_

**If this property is part of a short plat or segregation, please indicate:**

Short Plat No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Seg. No. \_\_\_\_\_ Lot No. \_\_\_\_\_

**OWNER OR DEVELOPER** \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**FIRM OR INDIVIDUAL TO WHOM REPORT IS TO BE MAILED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NUMBER OF PROPOSED SERVICES:** \_\_\_\_\_

**SOURCE TYPE MUST BE A DRILLED WELL FOR CONSIDERATION BY THE SNOHOMISH HEALTH DISTRICT**

**SOURCE IS:** PROPOSED  EXISTING  **DEPTH OF WELL (if existing):** \_\_\_\_\_ Feet

**NAME(S) OF OTHER PUBLIC WATER SUPPLIES AVAILABLE TO THIS PROPERTY:**

**IS PROPERTY LOCATED WITHIN THE CRITICAL WATER SUPPLY AREA?** \_\_\_\_\_

**IF YES, NAME OF SERVICE AREA:** \_\_\_\_\_

**Attach a property sketch showing all of the following: (INCLUDE DIMENSIONS)**

1. All lots which will be served by this supply.
2. Existing and proposed privies, septic tanks, and drainfields within 200 feet of the well.
3. Existing and proposed buildings within 200 feet of the well.
4. Existing and proposed road within 200 feet of the well.
5. Lakes and streams within 200 feet of the well.
6. Existing and/or abandoned landfills within 1000 feet of the well.

**Please note that this application will not be accepted unless it is filled out completely and accompanied by the property sketch.**

*Signature of Applicant:* \_\_\_\_\_

If you have any questions, contact the Water and Wastewater Section at 425.339.5250.

**SHD USE ONLY**