



New New Expedited Concurrent Non-Concurrent Renewal Revised

Property Tax Account Number _____ Sec ____ Twp ____ Rg ____

Applicant's Name _____

Applicant's Email _____ Phone _____

Property Location (address) _____

Plat or Short Plat # _____ Lot # _____

Report is to be mailed to:

Name _____

Address _____ City _____ State ____ Zip _____

Description of proposed/existing water supply:

Type of Source: Drilled Well Dug Well Other _____
 Source: To be Constructed Existing

Attach a sketch showing the following:

1. First and, if practical, a second choice for well location. Give distances from well site(s) to at least three property lines or other permanent points of reference.
2. One hundred (100) foot radius around the well.
3. Adjoining properties and associated development within 200 feet of well location.
4. Existing and proposed septic tanks, drainfields, reserve areas, and privies within 200 feet of well.
5. Existing and proposed buildings, roads, and all easements within 200 feet of well.
6. Lakes, streams, and detention/retention ponds within 200 feet of well.
7. Existing and/or abandoned landfill properties within 1,000 feet of well.
8. Floodway and/or Floodplain areas (if applicable).

Prepare the site by: Flagging and labeling front property corners, trail to well site(s), and the well site(s).

Signature of Applicant _____ Date _____

FOR HEALTH DEPARTMENT USE

Application Approved, in compliance with the criteria as outlined in the D.O.E. Guidelines. *SEE ATTACHED INFORMATION REGARDING AN APPROVED APPLICATION.*

Application Approval Expires On: _____

Approval of this application is based solely on information provided in this application and does not constitute a permit to begin construction. Construction of the well is subject to the Washington State Department of Ecology "Minimum Standards for Construction and Maintenance of Wells" Chapter 173-160 WAC. This approval shall NOT be considered an assurance, either expressed or implied, that land development permits for this site will be issued. Contact Snohomish Planning and Development Services or local building authority for any additional requirements.

Application not in compliance with the criteria as outlined in the D.O.E. Guidelines.

Comments _____

Reviewed By _____ Date _____

Environmental Health Division