

COWLITZ COUNTY HEALTH DEPARTMENT

1952 9th Avenue
Longview WA 98632-4045
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WELL SITE INSPECTION APPLICATION

WATER SYSTEM: _____

LOCATION: _____ CITY: _____

GROUP A: _____ GROUP B: _____ NUMBER OF CONNECTIONS: _____

TYPE: (ONLY IF GROUP A) COMM: _____ NTNC: _____ TNC: _____

WATER RIGHTS: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____

SHORT PLAT/LONG PLAT #: _____ PARCEL NUMBER: _____ NUMBER OF LOTS: _____

OWNER: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO: DAY () _____ EVENING: () _____

SUBMIT:

- 1.) THIS APPLICATION COMPLETED
- 2.) SITE MAP (THE MAP NEEDS TO INCLUDE THE ENTIRE DEVELOPMENT, PROPERTY LINES, PROPOSED WELL LOCATION, 100 FT. SANITARY CONTROL AREA, AND ANY SOURCE OF CONTAMINATION SUCH AS DRAINFIELDS, SEPTIC TANKS, SEWER LINES, SURFACE WATER, ANIMAL ENCLOSURES, PASTURES, CHEMICAL STORAGE, CHEMICAL APPLICATIONS, EXISTING ROADS, WELLS, AND BUILDINGS)
- 3.) LIST OF PAST, EXISTING AND PROPOSED LAND USES.

Well site inspection fee is \$353.00 due with application (\$118.00 per hour after 3 hours). Return the completed application with fee to the Health Department. Allow at least seven (7) days for scheduling of inspection by the Health Department.

APPLICANT NAME: (Print) _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Phone Number: () _____ Legal Agent: Yes () No () Other _____

For Health Department Use

FEE AMOUNT _____ DATE PAID: _____ RECEIPT NUMBER: _____ CLERK INITIALS: _____

DATE APPROVED: _____ APPROVED BY: _____