



Cowlitz County Health & Human Services

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Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Richard R. Dahl District 3

WELL SITE INSPECTION APPLICATION

WATER SYSTEM NAME: _____

LOCATION: _____ CITY: _____

GROUP A: _____ GROUP B: _____ # OF CONNECTIONS: _____

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

SECTION: _____ TOWNSHIP: _____ RANGE: _____

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 \$300.00 due with application. 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: _____

OFFICE USE ONLY

Total Fee Paid (5219): _____ Date Paid: _____ Clerk Initials: _____ Client ID Number: _____

\$150.00 Fast Track Fee (6020) if requested less than 7 days in advance.