



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

**COMMUNITY WATER SYSTEM
WELL SITE INSPECTION APPLICATION**

Fee: _____ Receipt Date: _____

I. INSTRUCTIONS:

- | | |
|----|---|
| 1. | Complete sections II, III, IV, VI & VII. In addition, all applications must attach a detailed plot plan that shows all potential sources of contamination within 600 feet of the well (see section V. for checklist). |
| 2. | Place a stake in the proposed well site to mark the location. |
| 3. | Sign and submit application along with the appropriate fee 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:

Well: Existing (attach well log) Proposed (stake property)

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 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? | ___ | ___ |

If the answer to questions 1, 2 OR 3 is yes, then the well site cannot be approved for a community water supply without obtaining a waiver from the sanitary control area regulation. Waivers must be obtained from the San Juan County Health Officer and must be supported by engineering justification including geological and hydrological data. If the answer to question #4 is yes, the owner of the neighboring property must be notified and asked to grant a restrictive covenant. If a restrictive covenant cannot be obtained, then a waiver must be sought.

V. PLOT PLAN:

Attach a scaled plot plan showing the location of the proposed well in relation (600-foot radius) to any existing or proposed septic systems (include any septic tanks, treatment components, drainfields & transport lines), houses, buildings, animal holding pens, property lines, wells, streams, lakes, ditches, wetlands, roads, driveways and/or other potential sources of contamination. The plot plan must include a 100-foot radius and a 600-foot radius around the well. Provide a scale bar and north seeking arrow.

- Plot Plan Checklist:**
- Scale & scale bar
 - North arrow
 - Well location
 - 100-foot radius
 - 600-foot radius
 - Property Lines
 - Buildings
 - Animal enclosures
 - Septic systems (existing & proposed)
 - Water bodies
 - Roads & driveways
 - Other potential sources of contamination

VI. WATER SYSTEM INFORMATION:

Proposed Water System Name: _____ # of Proposed Connections: _____

Proposed Water System Type: Existing/Non-Expanding Existing/Expanding New

VII. SIGNATURE:

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 property owner, well driller, designer, or engineer

Date

Official Use Only

- | | | | |
|----|---|------------|-----------|
| 1) | The sanitary control area (100-foot radius) was reviewed with no signs of chemical, bacteriological or other sources of contamination observed? | Yes
___ | No
___ |
| | If no, list potential sources of contamination below: | | |
| 2) | The sanitary control area (100-foot radius) is completely contained on applicant's property? | ___ | ___ |
| | If no, are restrictive covenants for neighboring properties signed & attached?..... | | |
| 3) | Waiver to sanitary control area requested? | ___ | ___ |
| | If yes, does application contain the required engineering justification? | | |

If applicable: Waiver Granted Waiver Denied

Comments and/or observations: _____

Well Site Approved **Well Site Denied**

Conditions for Approval/Reason Site Denied: _____

Signature of Health Official

Date