



Island County Public Health

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Application #: _____

Receipt #: _____

APPLICATION FOR A WELL SITE INSPECTION

PROJECT INFORMATION (check all that apply)

<input type="checkbox"/> Proposed well	<input type="checkbox"/> Individual well
<input type="checkbox"/> Existing well	<input type="checkbox"/> New public water system: # of connections: _____
<input type="checkbox"/> Existing water system: Name: _____	
PWS ID: _____	

APPLICANT INFORMATION

Applicant Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Applicant Signature: _____

WELL SITE OWNER INFORMATION

Property Owner Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Property Owner Signature: _____

WELL SITE INFORMATION

Parcel Number: _____
Parcel Address: _____
City: _____ State: _____ Zip Code: _____

PARCELS TO BE SERVED

The following must be submitted with the well site application:

Applicant Use	SUPPLEMENTAL CHECKLIST	Staff Use Only
NEW PROPOSED WELL SITE		
<input type="checkbox"/>	A scaled plot plan showing property lines, the proposed well site, the 100-foot sanitary control area around the well, any structures, all on-site sewage system components, drainage ditches, wetlands and wetland buffers if any, roads, etc.	<input type="checkbox"/>
<input type="checkbox"/>	The proposed well site staked and flagged on the property	<input type="checkbox"/>
<input type="checkbox"/>	Written verification of service availability from adjacent water system(s) (applies only if a new water system is being proposed).	<input type="checkbox"/>
EXISTING WELL SITE		
<input type="checkbox"/>	A scaled plot plan showing property lines, the existing well site, the 100-foot sanitary control area around the well, any structures, all on-site sewage system components, drainage ditches, wetlands and wetland buffers if any, roads, etc.	<input type="checkbox"/>
<input type="checkbox"/>	A well log	<input type="checkbox"/>
<input type="checkbox"/>	Recorded covenants establishing a 100-foot pollution control radius around the well (not required for an individual well if the entire pollution control zone lies within the property)	<input type="checkbox"/>
<input type="checkbox"/>	Written verification of service availability from adjacent water system(s) (applies only if a new water system is being proposed).	<input type="checkbox"/>

FOR LOCAL HEALTH DEPARTMENT USE ONLY							
Well site:							
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Approved w/conditions	<input type="checkbox"/>	Inspected (final approval by DOH)	<input type="checkbox"/>	Disapproved
Comments:							
Signature: _____				Date: _____			

Disclaimers: Any person aggrieved by a decision of the health officer may make appeal to the Board of Health for a hearing and a review of the findings. Such appeal shall be in writing and shall be filed with the Board of Health within ten (10) days of the decision of the health officer.

Any proposed public system is subject to review and approval by Island County Public Health (ICC Chapter 8.09) and/or Washington State Department of Health (WAC 246-290 and WAC 246-291).

Changes to this site such as development, grading, clearing, etc. could make this application NULL & VOID.