



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8428 ♦ Fax (360) 397-8091

For Office Use Only:

WELL SITE EVALUATION APPLICATION

To assure proper well site location the well site must be approved by CCPH prior to well construction. The well site shall be staked and flagged, and be in compliance with WAC 173-160-205, WAC 246-290 and CCC 24.17.

Proposed water supply:

- Group A Public Water System Well
- Single Domestic Water Well
- Group B Public Water System Well
- Irrigation Well
- Other _____

Site Address: _____ Tax Parcel #: _____

Quarter _____ Section _____ Township _____ Range _____ Lot # _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State _____ Zip _____ E-mail address: _____

Applicant signature: _____ Well Contractor (if known): _____

****If applying for building or placement permit, a Water Adequacy Verification Evaluation (WAVE) from Clark County Public Health may be required. The WAVE assures the water well is potable and of sufficient quantity for use.****

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DATE OF INSPECTION: _____ EHS: _____ SR# _____
AR# _____ OSS SR/ON# _____

1. Map and plot plan are accurate, based on observation at the source site? Yes No
2. Are all required setbacks achieved? Yes No
3. Is a variance required? Yes No
4. Is the site drained in a manner that safely conducts surface run-off away from source? Yes No
5. Will a 100' sanitary control radius overlap onto adjacent parcels? Yes No
If yes, a Restrictive Covenant Recording may be required for WAVE or SPWS approval.
6. GPS located Longitude: _____ Latitude _____ Yes No
7. _____ public water service is available, or within 750' of parcel.

COMMENTS:

FINDINGS: Satisfactory Unsatisfactory Conditions Apply

SIGNATURE: _____

DATE: _____

- ♦ **ALL FINDINGS REFLECT THE RELATIVE SUITABILITY OF THE PROPOSED SITE FOR PLACEMENT OF A WELL ONLY.**
- ♦ **CHANGES TO SITE CONDITIONS OR PROPOSAL MAY INVALIDATE EVALUATION FINDINGS.**
- ♦ **NO AUTHORIZATION TO CONSTRUCT A WELL IS IMPLIED BY THIS EVALUATION.**
- ♦ **SUBJECT TO POLICIES OF THE PUBLIC WATER PURVEYOR, COMPLETED APPLICATIONS MAY BE DISCLOSED UPON REQUEST.**



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WELL SITE PLOT PLAN

Application must be accompanied by a copy of a plot plan. One hundred (100) foot protective well radius, proposed/existing onsite septic system locations, buildings, surface water and fee per CCC 24.18.

DATE: _____

SR # _____

SITE ADDRESS/LOCATION: _____

WELL DRILLER'S NAME: _____ PHONE# _____

WELL DRILLER'S ADDRESS: _____

Note: This is a permanent record. Please use a straight edge to prepare an accurate detailed drawing of the proposed well site, drawn to scale. Plot plan should include the following:

- 100 ft. protective well radius
- Proposed/existing onsite sewage system (including reserve area)
- Building(s)
- Surface water
- Potential sources of contamination
- Existing wells

SCALE USED: 1" = _____ ft

