

\$ _____
Date pd _____
Inv.# _____
Staff _____

The well is located on Parcel number _____

Range _____ E, Township _____ N, section _____, 1/4 _____, 1/4 _____

plat name _____ plat# _____ lot _____ block _____

Is this inspection part of a land division process? **Yes** **No**

If yes, what is the plat status: Approved, submitted only or not submitted to Planning & Development Services yet?

site address of the well _____ city _____

owner _____ phone _____

contact person _____ phone _____

address _____ city _____ zip _____

fully describe the project _____

Public system name _____ ID# _____

Is this for an existing drilled well? Yes () No () If yes, fill out the line below.
 Date drilled _____ Driller _____ (attach water well report)

Is a Satellite Management Agency (SMA) involved? Yes No
 Please fill out the Skagit County Coordinated Water System Plan Checklist if directed by staff.

Other considerations: _____

On Individual septic system(s): {yes} {no} If no, name the public sewer _____

A complete application is required for a well site inspection. This includes:

- this form,
- a site map as described below,
- a Water Well Report (if available),
- Skagit County Coordinated Water System Plan Checklist (as required), and the
- fee.

Fee	Services	Provide with application & fee
\$400*	Group A or Group B well site inspection *includes 5 hours maximum, then at the hourly rate of \$80	Map with 200' radius around the well site with all existing and proposed features i.e., buildings, septic systems, roads, pastures, lot boundaries, etc.

I request that the Skagit County Environmental Public Health Division provide a well site inspection.

Applicant's signature _____ date _____