



Northeast Tri County Health District Environmental Health Division

Application for Well Site Evaluation

Group A Group B New Expanding

Applicant Information			
Applicant Name:		Phone #:	
Mailing Address:			
City:		State:	Zip:
Contact Name for Property Access:		Contact #:	
Physical Address of Property to be Inspected:			
City:		State:	Zip:
Email:		May we send you info via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water System Name:		Well ID# (if assigned yet):	
Subdivision Name (if applicable):			
Parcel #:	Section:	Township:	Range:
Directions to Site:			
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Water System Classifications:
<p>Group A Public Water System is classified as a water system with 15 or more service connections or serves greater than 25 or more people per day for 60 days per year.</p> <p>Group B Public Water System is classified as a water system serving less than 15 service connections and less than 25 people per day (such as a workplace) or 25 or more people per day for fewer than 60 days per year.</p> <p>*A proposed water system with 10 or more connections must be applied for as a Group A water system.</p>
Please Attach the Following:
<ul style="list-style-type: none"> A scaled plot plan of the well site and surrounding area including: A 100' radius around proposed well site, property lines, buildings, underground storage tanks, roadways, wastewater components (septic tanks, drainfields, sewage transport lines, etc.), pastures or feedlots, any other potential source of contamination Any protective covenant developed for the well site <p style="text-align: center; margin-top: 10px;">PLEASE FLAG OR OTHERWISE MARK THE LOCATION PROPOSED FOR THE WELL</p>

I certify the above information is correct. I grant permission for the Northeast Tri County Health District to make arrangements with the contact listed above and inspect this well site. Fees paid are non-refundable.

Applicant Signature: _____ **Date:** _____

For Office Use Only		
Invoice #	Fee Amount	Date Received
Stevens County	Pend Oreille County	Ferry County
240 E. Dominion Colville, WA 99114 Phone: (509) 684-2262 Option 2 Fax: (509) 684-8506	605 Highway 20 Newport, WA 99156 Phone: (509) 447-3131 Fax: (509) 447-5644	PO Box 584/ 147 N. Clark, Ste 1 Republic, WA 99166 Phone: (509) 775-3111 Fax: (509) 775-2858
Website: www.netchd.org		Email : chmail@netchd.org