



Cowlitz County Health Department

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www.co.cowlitz.wa.us/health

Board of County Commissioners

Michael A. Karnofski District 1
George Raiter District 2
James Misner District 3

WELL SITE INSPECTION APPLICATION

WATER SYSTEM NAME: _____

LOCATION: _____ CITY: _____

GROUP A: _____ GROUP B: _____ # OF CONNECTIONS: _____

TYPE: (ONLY IF GROUP A) COMM: _____ NTNC: _____ TNC: _____

WATER RIGHTS: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____

SHORT PLAT/LONG PLAT #: _____ PARCEL NUMBER: _____ NUMBER OF LOTS: _____

OWNER: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO: DAY (____) _____ EVENING: (____) _____

SUBMIT:

- 1.) THIS APPLICATION COMPLETED
- 2.) SITE MAP (THE MAP NEEDS TO INCLUDE THE ENTIRE DEVELOPMENT, PROPERTY LINES, PROPOSED WELL LOCATION, 100 FT. SANITARY CONTROL AREA, AND ANY SOURCE OF CONTAMINATION SUCH AS DRAINFIELDS, SEPTIC TANKS, SEWER LINES, SURFACE WATER, ANIMAL ENCLOSURES, PASTURES, CHEMICAL STORAGE, CHEMICAL APPLICATIONS, EXISTING ROADS, WELLS, AND BUILDINGS)
- 3.) LIST OF PAST, EXISTING AND PROPOSED LAND USES.

Well site inspection fee is \$427.00 due with application. Return the completed application with fee to the Health Department. Allow at least seven (7) days for scheduling of inspection by the Health Department.

Applicant Name: (Print) _____

Signature of Applicant: _____ Date: _____

Phone Number: (____) _____ Legal Agent: Yes () No () Other: _____

OFFICE USE ONLY

Total Fee Paid: _____	Date Paid: _____	Clerk Initials: _____	Client ID Number: _____
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