

Whatcom County Health Department  
509 Girard Street • Bellingham, WA 98225  
Phone (360) 676-6724 • Fax (360) 676-6771

**WELL SITE INSPECTION APPLICATION FOR NON-PUBLIC WATER SYSTEMS**

*The purpose of this inspection is to determine compliance with setback requirements as outlined in applicable codes.*

**SITE INSPECTION FEE: \$150.00**

**IMPORTANT!** Do not begin drilling any well until you are sure that you can obtain signatures on all necessary forms and have contacted any other agencies (or tribal governments) that may need to approve your project. If you need to change the location of your well site, the new site must be approved by the Health Department. *Any wells that are not in a pre-approved location may be deemed inappropriate for use.*

**APPLICANT INFORMATION**

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person for Inspection \_\_\_\_\_ Phone \_\_\_\_\_

**SITE PLAN** You must attach a site plan, using 8 ½ x 11 paper, **drawn to scale** showing the following items: 1) well site, 2) all potential sources of contamination on the parcel of the well site. If the well is within 100 feet of another parcel, sources of contamination on the neighboring parcel must also be shown, and 3) a 100 foot radius around the well site identifying the sanitary control area. The well site must also be clearly staked and flagged prior to the site inspection.

**WELL & SITE INFORMATION**

N S E W Side of \_\_\_\_\_ Rd. \_\_\_\_\_ Miles N S E W of \_\_\_\_\_ Rd.

Is the well to serve vested (existing) lots or lots to be created by a new plat? (*check only one*)

**2 Party Well on an existing lot and NOT a new lot on a proposed plat**

Check one:  new well  existing well (provide well log, if available)

Well located on Tax Parcel # \_\_\_\_\_ Address \_\_\_\_\_

Well to Serve Tax Parcel # \_\_\_\_\_ and Tax Parcel # \_\_\_\_\_

**1 or 2 Party Well on a Proposed Plat**

Check one:  new well  existing well (provide well log, if available)

Have you submitted a Plat Application with Planning & Development Services?  Yes  No

Plat Name \_\_\_\_\_ Plat # \_\_\_\_\_

Parent Tax Parcel # (s) \_\_\_\_\_ Acreage of total area to be platted \_\_\_\_\_

Well located on lot # \_\_\_\_\_ of the proposed plat will serve lot # \_\_\_\_\_ (and lot # \_\_\_\_\_ if shared)

**HEALTH DEPARTMENT USE ONLY BELOW THIS LINE**

Inspection Date \_\_\_\_\_ Met on site with \_\_\_\_\_

Comments \_\_\_\_\_

**APPROVED WITH CONDITIONS:** (ONLY THOSE ITEMS CHECKED WILL APPLY)

\_\_\_\_ A **Restrictive Covenant** will be required to establish a Sanitary Control Area on the adjoining parcel. This document must be signed by the owner of the adjoining parcel and recorded at the Auditor's Office.

\_\_\_\_ Submit a completed **Water Availability** packet for each well (after wells are drilled & tested).

\_\_\_\_ The well must be drilled through a confining layer to get a reduction of the Sanitary Control Area radius from 100 feet to 50 feet. If the confining layer is not present, a licensed well driller must decommission the well. The setback to an on-site sewage system drainfield is always 100 feet.

\_\_\_\_ Submit **Denial of Service** forms from the following Public Water Systems in your area:

\_\_\_\_ Submit a **Variance Request** form addressing the following issues: \_\_\_\_\_

\_\_\_\_ *Other* \_\_\_\_\_

**DENIED** - Reasons: \_\_\_\_\_

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date