



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

Chelan-Douglas Health District
 200 Valley Mall Parkway, East Wenatchee, WA 98802
Environmental Health: (509) 886-6450 | FAX 886-6449
Email: EHSupport@cdhd.wa.gov

Fee: \$ 275 Internal Code 527 : Office Only: _____

Group A or B Public Water System - Well Site Inspection

Date: _____

Name & Mailing Address of Water System Owner:

Phone: _____

Email: _____

Name & Mailing Address of Water System Designer:

Identification of Well Site:

County: _____ Lot Size: _____

Assessor's Parcel No: _____

Street Address: _____

City: _____

Driving Directions to Well Point: _____

General System Information:

Existing / Expanding Water System

• DOE Well Tag #: _____

New Water System

Name of Water System:

Description of Water System:

Attached scaled site plan with well point location identified.

Owner's Statement: I understand that this review will be based upon the information provided, and on an on-site inspection by the Health District personnel. I accept responsibility for correctly identifying the locations of the source site, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may invalidate any approval granted for this application. In the event that approval is denied, I understand I have the option of appeal.

Signature

Date

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