



CLARK COUNTY PUBLIC HEALTH
 1601 E. Fourth Plain Blvd. ♦ PO BOX 9825
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 (360) 397-8428 ♦ Fax (360) 397-8084

For Office Use Only:

APPLICATION FOR WATER EVALUATION SERVICES

WP# _____ SR# _____

APPLICATION TYPE

- Individual Well - W.A.V.E. Group B Evaluation (new)
 Individual Well - Update Group B Development Review Irrigation Well Evaluation

ATTENTION: Applicant is responsible for all appropriate fees for service, including costs incurred through repeat sampling and/or return visits to the site by staff. See fee schedule for cost estimate.

SECTION 1 APPLICANT – Person, Organization or Water System

NAME: _____ DAY PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ DAY PHONE: _____

CONTACT E-MAIL ADDRESS: _____

SECTION 2 PROPERTY OWNER (OF PROPERTY BEING REVIEWED) Same as above

NAME: _____ DAY PH: _____

MAILING ADDRESS: _____ EVE PH: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT EMAIL ADDRESS: _____

SECTION 3 WELL LOCATION

WELL LOCATION ADDRESS: _____

CITY: _____ APN#: _____

QTR: _____ QTR: _____ SECTION: _____ TOWNSHIP: _____ N, RANGE: _____

SECTION 4 WATER SOURCE – DESCRIPTION OF THE WATER SOURCE

DEPARTMENT OF ECOLOGY WATER RIGHT CERTIFICATE # _____ (IF APPLICABLE)

State law requires an authorized WATER RIGHT for water use in these situations:
 A) ALL SURFACE WATER withdrawals, and/or B) GROUNDWATER withdrawals EXCEEDING 5000 gals/day.

IF GROUND WATER

WELL DEPTH: _____ GALLONS PER MINUTE: _____

DRILLING CO: _____ DRILL DATE: _____

IF SURFACE WATER

NAME OF THE SOURCE: _____ STREAM SPRING OTHER

IF unnamed, write unnamed spring, etc.

PLEASE COMPLETE OTHER SIDE

SECTION 5 ADDITIONAL INFORMATION FOR GROUP B WATER SYSTEMS *

NUMBER OF "CONNECTIONS" PROPOSED/EXISTING _____ BUSINESS USE: YES NO
NUMBER OF RESIDENTS ON SYSTEM: _____ NON-RESIDENTS ON SYSTEM: _____
WATER SYSTEM NAME : _____

CONNECTING PROPERTY INFORMATION:

CONNECTION #1 ADDRESS _____ LOT # _____ APN# _____
CONNECTION #2 ADDRESS _____ LOT # _____ APN# _____
CONNECTION #3 ADDRESS _____ LOT # _____ APN# _____
CONNECTION #4 ADDRESS _____ LOT # _____ APN# _____

Identify connection currently under review: _____

** Group B Workbook submittal required with application when the water system is proposed to serve more than two residential connections or any non-residential purpose.*

SECTION 6 ADDITIONAL INFORMATION FOR IRRIGATION ONLY WELLS

NUMBER OF "CONNECTIONS" PROPOSED:
NAME OF SUBDIVISION IS:
** Irrigation Well Approval Policy is available upon request.*

SECTION 7 WATER SYSTEM COMPONENTS

Mark all components that apply to existing/proposed water system: Reservoir Pressure Tank Other

WATER TREATMENT

Disinfection (list type) _____
 Filtration Reverse Osmosis Iron Softener None in place

I certify that the information provided is true to the best of my knowledge. I understand that in order to process my application, I grant staff from Clark County Public Health (CCPH) access to the site for inspection purposes. Even though I may have been assisted in the preparation of the above application by employees of the CCPH, I assume all responsibility for the accuracy of the information.

APPLICANT SIGNATURE (or authorized representative) Date
PRINTED NAME: _____

CCPH STAFF USE ONLY

Well Tag # _____ IN _____ AR _____ ON _____
DATE PAID: _____ AMT RCVD: \$ _____ EHS _____
SAMPLE ANALYSIS RESULTS:
Bacteria: Nitrate: Arsenic:
WA: FA: Date WFI sent to DOH: