GROUP B WATER SYSTEM EVALUATION

ENVIRONMENTAL HEALTH
7102 W. Okanogan Pl.
Kennewick, WA 99336
(509) 460-4200

Fee code
52.03
$800.00

Account #: _____ Guarantor #: _____ Log #: _____

NAME OF APPLICANT: _____

HOME TELEPHONE: _____WORK TELEPHONE: _____

MAILING ADDRESS: _____

PROPOSED WATER SYSTEM NAME: _____

NAME OF PROPERTY AND/OR WELL OWNER: _____ TELEPHONE: _____

LOCATION OF PROPERTY AND/OR WELL (subdivision, short plat number, or attach other legal description): _____
_____

PHYSICAL ADDRESS (ROAD) OF PROPERTY AND/OR WELL: _____

PARCEL #:_____NUMBER OF PROPOSED CONNECTIONS:_____

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Applicant's Signature: _____ Date: _____

FOR BENTON-FRANKLIN DISTRICT HEALTH DEPARTMENT USE ONLY

_____Well Log #_____

_____Chemical Analysis

_____Declaration of Covenant

_____Completion of Workbook

_____ Inspection checklist

_____ Water User's Agreement

_____ Bacteriological Analysis

_____ Restrictive Covenant (if needed)

_____ W.F.I.

_____ Water right permit or proper Covenant.

RECOMMENDATION:
_____ Subject water system plan be approved.
_____ Subject water system plan NOT be approved.
_____ Subject water system plan NOT be approved until the measures listed below are taken.

COMMENTS AND ADDITIONAL ITEMS REQUESTED:
_____
_____
_____
_____

Date Inspected _____, By _____