



CLARK COUNTY PUBLIC HEALTH

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For Office Use Only:

APPLICATION FOR WATER EVALUATION SERVICES

SR # _____

APPLICATION TYPE

- Individual Well – W.A.V.E.
- Small Public Water System Evaluation
- Irrigation Well Evaluation
- Health Authority Verification for Domestic Water System

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 PH: _____
 MAILING ADDRESS: _____ EVE PH: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____

SECTION 2 PROPERTY OWNER Same as above

NAME: _____ DAY PH: _____
 MAILING ADDRESS: _____ EVE PH: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____ PRINT NAME: _____

SECTION 3 LOCATION

WELL LOCATION ADDRESS: _____
 CITY: _____ COUNTY: _____ APN#: _____
 QTR: _____ QTR: _____ SECTION: _____ TOWNSHIP: _____ N, RANGE: _____

SECTION 4 ADDITIONAL INFORMATION FOR SMALL PUBLIC WATER SYSTEMS

NUMBER OF “CONNECTIONS” PROPOSED: _____
 NUMBER OF RESIDENTS ON SYSTEM: _____ NON-RESIDENTS: _____
 NAME OF SYSTEM OR ID NUMBER: _____

SECTION 5 ADDITIONAL INFORMATION FOR IRRIGATION ONLY WELLS

NUMBER OF “CONNECTIONS” PROPOSED: _____
 NAME OF SUBDIVISION IS: _____

* Irrigation Well Approval Policy is available upon request.

PLEASE COMPLETE OTHER SIDE

SECTION 6 WATER SOURCE – DESCRIPTION OF THE WATER SOURCE

IF GROUND WATER

WELL DEPTH: _____

GALLONS PER MINUTE: _____

DIAMETER: _____

WATER STATIC LEVEL: _____

DRILLING CO: _____

DRILL DATE: _____

IF SURFACE WATER

NAME OF THE SOURCE: _____

STREAM SPRING OTHER

IF unnamed, write unnamed spring, etc.

DEPARTMENT OF ECOLOGY WATER RIGHT CERTIFICATE # _____

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.

SECTION 7 WATER SYSTEM COMPONENTS

Please 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

WP# _____ Tax lot # APN _____ Well Tag # _____

SAMPLE ANALYSIS RESULTS:

Bacteria:

Nitrate:

Arsenic:

DATE PAID: IN OW WA

AMT RCVD: \$ AR FA

EHS: ON SR