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**APPLICATION FOR RE-INSPECTION
- DRINKING WATER PROGRAM -**

DIRECTIONS:

1. Complete parts 1 through 3 and submit to the Drinking Water program at the address indicated above. The fee of \$113.00 must be submitted with the application.
2. Staff will perform the re-inspection within two weeks of receipt of application and make a determination, which will be reported in Part 4 of this application.
3. Staff findings may be appealed in accordance with Mason County Code Title 15.

PART 1: REQUEST FOR RE-INSPECTION:

Applicant's Name _____

Mailing Address _____

Telephone: _____ () _____

Assessor's Parcel Number _____ - _____ - _____

Detailed Directions to Site: _____

Reason for Re-inspection:

Changed well site area from previous inspection Directed by staff to re-apply

Other (please specify) _____

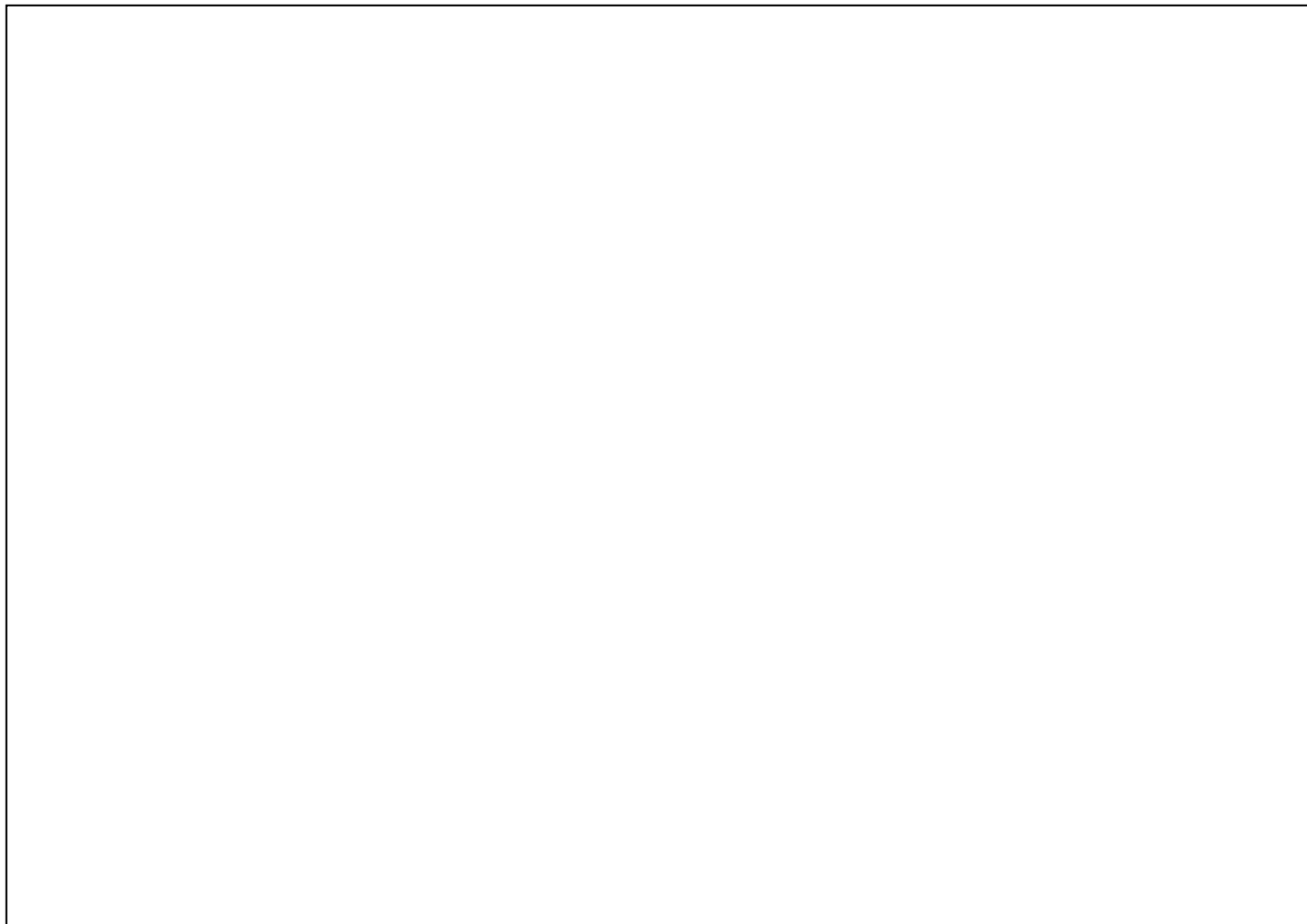
PART 2: AUTHORIZATION

Applicant _____

Date _____

PART 3: PLOT PLAN

Use this space to draw a detailed plot plan, or attach one to this application. The plan must show the precise location of the well (existing or proposed), dimensions of the property, existing and proposed septic system(s) on the lot or within 100 feet of the proposed well on adjacent lot(s), location of access roads, location of structures and any other pertinent items such as rivers, lakes and wetlands.



PART 4: RE-INSPECTION DETERMINATION:

Environmental Health Specialist

Date