

Township: _____
Range: _____
Section: _____
Tax Lot: _____
ABOVE INFORMATION MUST BE FILLED OUT BY APPLICANT/CONTACT PERSON

## WATER SUPPLY REVIEW APPLICATION

ENVIRONMENTAL HEALTH DEPARTMENT  
2051 KAEN ROAD, SUITE 367, OREGON CITY, OR 97045 - PHONE: 503.655.8384 - FAX: 503.742.5352

Date: \_\_\_\_\_  Mail Report to Applicant Only  Will pick up at office

1. Property Address: \_\_\_\_\_

2. Applicant's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Mail Report to: \_\_\_\_\_  
MAILING ADDRESS

4. Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

- Dog in Yard     Locked Gate     No outside hose tap (**water must be on and well top visible for inspection**)
- House vacant, for how long? \_\_\_\_\_  Other \_\_\_\_\_

5. Type of sewage disposal system, community \_\_\_ or onsite \_\_\_ septic tank system.

6. Type of water system:     Drilled well     Developed spring     Other \_\_\_\_\_

7. Year water system installed: \_\_\_\_\_

8. Driving Directions: \_\_\_\_\_

9. Water and Sewage Disposal System Layout

*AN EVALUATION WILL **NOT** BE MADE UNLESS AN ACCURATE PLOT PLAN IS PROVIDED. (See attached plot plan example):*

