



Environmental Health Division

Community Development Department
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PLOT PLAN CHECKLIST – MONITORING WELLS/TEST HOLES (BORE)

PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR PLOT PLAN TO FACILITATE THE REVIEW PROCESS. **PLANS WILL NOT BE ACCEPTED WITH INCOMPLETE INFORMATION**

A FORMAT

- 1) ☐ PAPER SIZE, MIN. 8 ½" x 11", MAX 24" x 36" (2 COPIES REQUIRED)
- 2) ☐ NORTH ARROW
- 3) ☐ SHOW SCALE, DIMENSIONS OF PROPERTY LINES
- 4) ☐ DRIVEWAYS TO COUNTY ROADS, PARKING AREAS, ROADS AND ROAD EASEMENTS
- 5) ☐ UTILITY EASEMENTS, POWER LINES, WATER LINES, ACCESS EASEMENTS, SEWERS
- 6) ☐ OPEN SPACE
- 7) ☐ DRAINAGE COURSES (RIVERS, CREEKS, STREAMS, STORM DRAINS, DRAINAGE EASEMENTS (SHOW DPA's), WATER DITCHES
- 8) ☐ SHOW LOCATION OF PROPOSED WELL (SYMBOL) ON PLOT PLAN
- 9) ☐ SPECIFY TYPE OF WELL
- 10) ☐ SPECIFY WELL DEPTH

B OWNER/LOT IDENTIFICATION

- 1) ☐ NAME, ADDRESS AND PHONE NUMBER OF WONER AND APPLICANT
- 2) ☐ SUBDIVISIONS: NAME, UNIT, LOT NUMBER
- 3) ☐ ASSESSOR'S PARCEL NUMBER
- 4) ☐ BOUNDARY MONUMENTS (PIN LOCATIONS)

C DEVELOPMENT: EXISITNG & PROPOSED, DIMENSIONS & SETBACKS FROM PROPERTY LINES

- 1) ☐ STRUCTURES
- 2) ☐ PROPOSED NEW WATER WELL LOCATION
- 3) ☐ EXISTING WATER WELL LOCATON(S)
- 4) ☐ SEWER LINES
- 5) ☐ SEWAGE DISPOSAL SYSTEM(S)
 - i) ☐ LOCATION
 - ii) ☐ LEACHLINES: LOCATION, LENGTH, DESIGN
 - iii) ☐ EXPANSION AREA

D OTHER

- 1) ☐ INCLUDE APPROPRIATE FEES
- 2) ☐ NAME OF OVERSIGHT CONSULTANT FOR PROJECT
- 3) ☐ SPECIFY IF IT IS EXISTING REMEDIATION SITE
- 4) ☐ IF WELL IS LOCATED ON ADJACENT PARCEL, AUTHORIZATION REQUIRED
- 5) ☐ PURPOSE OF WELL