

Please check desired evaluation:

oSeptic System Evaluation	\$ 110.00	oSeptic & Water System Evaluation	\$185.00
oWater System Evaluation (Includes Bacteria sample).....	\$ 155.00	(Includes Bacteria sample)	
oWater Sample only (Bacteriological)	\$ 80.00	→ With Nitrate	\$200.00
→ With Nitrate sample.....	\$ 90.00	(Each Re-test Bacteria sample).....	\$ 50.00

Please fill out application in full. Incomplete applications will be returned.

Applicant Name _____ Daytime Phone # _____
 System Address _____
 City, State, Zip _____
 Tax Parcel No. _____ Sec _____ Twn _____ Rng _____
 Subdivision _____ Lot _____ Blk _____ Div _____

1) Person to contact for dwelling entry _____ Phone # _____
 2) Name of original owner or builder _____ Year Built _____
 Number of Bedrooms in Home _____

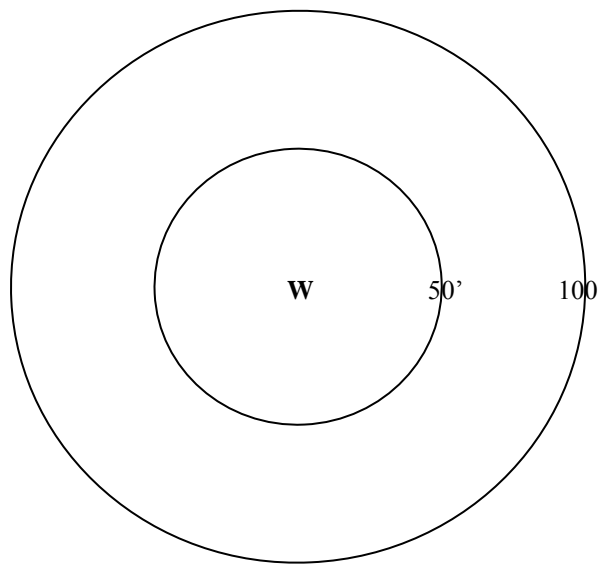
3) Septic tank pumped within last 5 years? Yes No Unknown If yes, when? _____
 (If the septic system is more than 5 years old, pumping is required and a copy of receipt must be provided to the GCHD).

4) Has the well/distribution system been disinfected? Yes No Unknown If yes, when? _____

FOR WATER SYSTEM EVALUATIONS

Use the schematic to the right that shows a 100 foot and 50 foot radius around the well. If any of the following are located within 100 feet, identify the locations with the following numbers:

- ST) Septic tank
- DF) Drainfield
- C) Chemicals
- SW) Surface Water
- B) Buildings
- LS) Livestock areas
- OC) Other contamination sources
 (please specify): _____



FIRMS OR PERSONS TO WHOM REPORT IS TO BE MAILED (if applicable):

Seller Name _____	Purchaser Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Daytime Phone # _____	Daytime Phone # _____
Name of Lender _____	Other _____
Attn: _____	Attn: _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____

**Thirty dollars of each requested refund will be retained by the Grant County Health District for administrative expenses.*

*******DO NOT WRITE BELOW THIS LINE*******

Evaluated By _____ Date _____ Rec # _____ Check # _____ Amt Paid _____ Date _____
 Date reports sent _____ Initial _____

OFFICE USE ONLY

GRANT COUNTY HEALTH DISTRICT (509) 754-6060

**WATER SYSTEM AND/OR
ON-SITE SEWAGE SYSTEM
CERTIFICATION REPORT**

Applicant: _____

Property's Tax Parcel Number: _____

GROUP B PUBLIC WATER SYSTEM:

Name of System: _____ I.D. #: _____ Compliance Status: _____

Number of Approved Connections: _____ Number of Existing Connections: _____

_____ **INDIVIDUAL / TWO PARTY WELL** _____ **FARM EXEMPT WELL** # of Connections _____ (4 max)

Bacteriological Sample:

Nitrate Sample:

Date Evaluated: ____/____/____

Date Evaluated: ____/____/____

Water Sample Drawn: ____/____/____

Water Sample Drawn: ____/____/____

Results: _____ Satisfactory (____)

Results: _____ Below 5.0

_____ Unsatisfactory (____)

_____ Target 5.0↑

_____ 10.0 MCL↑

Obvious biological issues w/in 100 feet? Y ____ N ____ Obvious chemical issues within 100 feet? Y ____ N ____

Any obvious problems with well cap? Y ____ N ____ Is there a screened well vent? Y ____ N ____

If in a pit, is it drained? Y ____ N ____ NA ____

If atmospheric storage is used, is it reasonably protected? Y ____ N ____ NA ____

Comments: _____

SEWAGE DISPOSAL SYSTEM:

Date Evaluated: _____ House Occupied? _____ Yes _____ No

_____ System records reveal original installation complied with State and County Regulation; currently there is no obvious system malfunction.

_____ System records indicate system was installed without required permit and/or inspections. No obvious system malfunction.

_____ No system records available; no obvious system malfunction.

_____ System malfunction: _____

Comments: _____

The above statements reflect observed conditions as they existed, and/or laboratory results of samples collected, on the day the evaluation was performed. Observations recorded and statements made are presented here by request and make absolutely no claim, either expressed or implied, for future success or failure of the system evaluated.

Evaluation performed by: _____ **Date:** _____