

**GRANT COUNTY HEALTH DISTRICT
P.O. BOX 37 (509) 754-6060
EPHRATA, WA 98823**

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

Please check desired evaluation:

- Septic System Evaluation \$ 80.00
- Water System Evaluation (Includes Bacteria sample)..... \$100.00
 - With Nitrate sample additional..... \$ 20.00
 - Re-test bacteria sample..... \$ 50.00 each
- Septic System and Water System Evaluation \$125.00
 - With Nitrate additional..... \$ 20.00

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? _____

FIRMS OR PERSONS TO WHOM REPORT IS TO BE MAILED:

Seller Name _____	Purchaser Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Daytime Phone # _____	Daytime Phone # _____
Name of Bank _____	Name of Bank _____
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 _____ F:\EH\Sewage\App\MrtgCert. 04/26/01