

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

Please fill out application in full. Incomplete applications will not be accepted.

See current fee schedule for fees. If a refund is requested, \$30 of each requested refund will be retained by the GCHD for administrative expenses.

APPLICANT INFORMATION

| | |
|---|---------------|
| Applicant Name: | |
| Phone: | Email: |
| System Address: | |
| City, State, Zip: | Tax Parcel #: |
| Person to contact for entry to collect samples: | Phone: |

EVALUATION REQUESTED

- Certification – Onsite septic system & drinking water with bacteria sample*
- Certification – Onsite septic system & drinking water with bacteria sample and nitrate sample*
- Certification/Evaluation – Onsite septic system and/or drinking water, no samples taken by GCHD. You must submit results from sampling with this application.
- Bacteria Sample only*
- Bacteria & Nitrate samples Only* (Each Re-test Bacteria sample is an additional fee)

*Plus lab fees to be paid to the lab

FOR ONSITE SEPTIC SYSTEM EVALUATION

| | | | | |
|--|---|-----------------|----|-----------------|
| Year the home was built: | | | | |
| Number of Bedrooms: | | | | |
| Is the onsite septic system more than 5 years old? | <table border="1"> <tr> <td>Yes*</td> <td>No</td> <td>Year Installed:</td> </tr> </table> | Yes* | No | Year Installed: |
| Yes* | No | Year Installed: | | |

*If the septic system is more than 5 years old, a pumping company licensed in Grant County must pump the tank(s) and a copy of receipt must be included with this application.

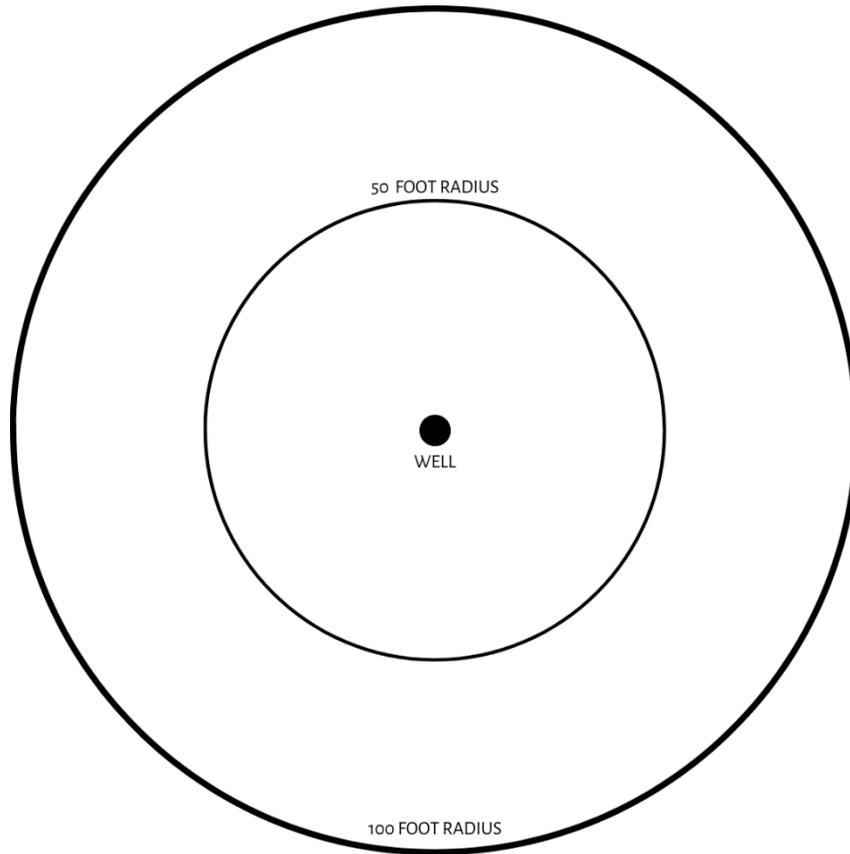
FOR DRINKING WATER EVALUATION: The source of drinking water is:

- Individual well
- Shared well
 - Number of homes and businesses connected _____
 - A shared well user agreement has been filed to the title of all properties served Yes No
- Same farm exempt well
 - Number of homes and businesses connected _____
 - A same farm affidavit has been filed to the title of all properties served Yes No
- Group B Public Water System: _____
- Public Water System ID Number (PWS#) _____

| | Yes | No |
|--|-----|----|
| Has the well or distribution system been disinfected? | | |
| Does the well currently have a chlorination or reverse osmosis system installed? | | |
| Are there any other treatment systems installed? | | |
| If yes, please describe: | | |

Using the space below or on a separate sheet, draw a map that shows a 100 foot and 50 foot radius around the well. Identify any of the following that are within the radii using the letter provided:

| | | | | |
|--|----------------|---------------------|-------------|--------------------|
| ST: Septic tank | DF: Drainfield | C: Chemical storage | B: Building | LS: Livestock area |
| SW: Surface water, including irrigation canals, lakes, streams | | | | |
| OC: Other contamination sources (please specify): | | | | |



PERSON OR ENTITY TO RECEIVE REPORT (attach additional sheets as needed)

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |

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

Date Rec'd _____ Receipt # _____ Amt Paid _____ Initials _____

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

OFFICE USE ONLY

Applicant: _____

Tax Parcel Number: _____

POTABLE WATER SOURCE

_____ Individual Well _____ Shared Well _____ Same Farm Exempt (# Connections _____)

_____ Group B Public Water System, Name and PWS#: _____

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

| Bacteriological Sample Results | | | | Nitrate Sample Results | | | | | |
|--------------------------------|--------------------------|-----|--------------------------|------------------------|---------------|--------------------------|-----|--------------------------|----|
| Date of Sample | | | | Date of Sample | | | | | |
| Date of Analysis | | | | Date of Analysis | | | | | |
| Results | | | | Results | | | | | |
| Satisfactory? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Satisfactory? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | Yes | No | N/A |
|---|-----|----|-----|
| Obvious biological issues within 100 feet? | | | |
| Obvious chemical issues within 100 feet? | | | |
| Obvious problems with well cap? | | | |
| Is there a screened well vent? | | | |
| If the well is in a pit, is it drained to daylight? | | | |
| If atmospheric storage is used, is it reasonably protected? | | | |

ONSITE SEPTIC SYSTEM

Date evaluated: _____ Date Tank(s) were pumped: _____

_____ System records reveal original installation complied with state and county regulations in effect at the time of installation. No obvious system malfunction observed.

_____ System records indicate system was installed without required permit and/or inspection. No obvious system malfunctions observed.

_____ No system records available. No obvious system malfunction observed.

_____ System malfunction observed: _____

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 no claim, either expressed or implied, for future drinking water system or onsite septic system contamination or function.

Evaluation performed by: _____ Date: _____