

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

Please check desired evaluation (see current fee schedule for fees)

- ☐ Certification – Septic System & Water (With Bacteria Sample) *
☐ Certification – Septic System & Water (With Bacteria & Nitrate Sample) *
☐ Certification/Evaluation – Water System Only
☐ Bacteria Sample only*
☐ Bacteria & Nitrate sample Only* (Each Re-test Bacteria sample is an additional fee)

***Plus fees of chosen lab**

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

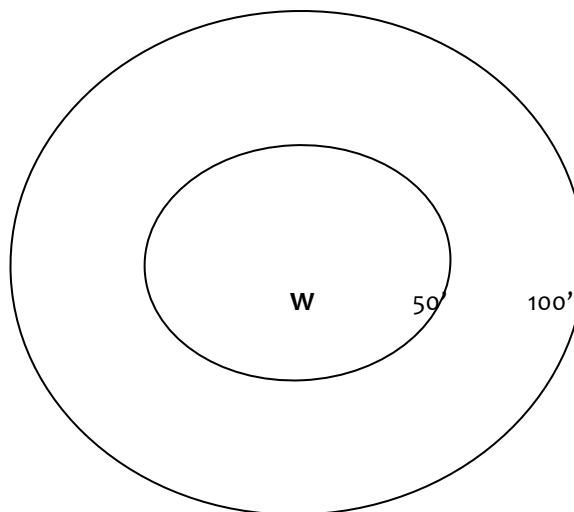
SW) Surface Water

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 _____

Address _____

City, State, Zip _____

Daytime Phone # _____

Purchaser Name _____

Address _____

City, State, Zip _____

Daytime Phone # _____

Name of Lender _____

Attn: _____

Address _____

City, State, Zip _____

Phone # _____

Other _____

Attn: _____

Address _____

City, State, Zip _____

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*****

Date _____ Rec # _____ Amt Paid _____ Initial _____

Evaluated By _____ Date _____ Date reports sent _____ Initial _____

OFFICE USE ONLY

Applicant: _____

Property's Tax Parcel Number: _____

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

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 _____ Target 5.0+ mg/L

_____ Unsatisfactory (____)

_____ 10.0+ mg/L

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: _____