GRANT COUNTY HEALTH DISTRICT 1038 W. Ivy Moses Lake, WA 98837 (509) 766-7960 - www.granthealth.org



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

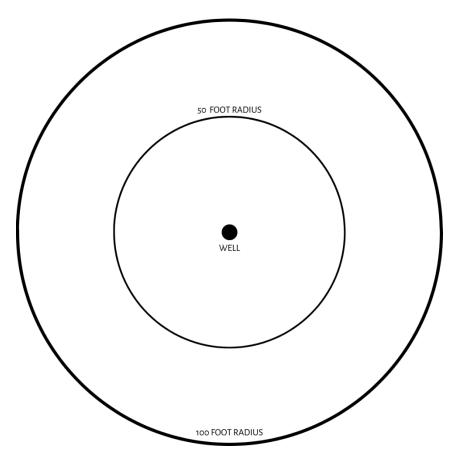
Applicant Name:								
Phone:	Email:							
System Address:								
City, State, Zip:			Tax	x Parc	:el#:			
Person to contact for entry to collect samples:			Ph	one:				
EVALUATION REQUESTED Certification – Onsite septic system & drinking Certification – Onsite septic system & drinking Certification/Evaluation – Onsite septic system must submit results from sampling with this application Bacteria Sample only*	water	with bacter drinking wa	ia sar ater, I	nple a	and nitra mples tal	•		You
Bacteria & Nitrate samples Only* (Each Re-tes: *Plus lab fees to be paid to the lab	t Bacteri	ia sample is	s an a	dditio	nal fee)			
That had feed to be paid to the had								
FOR ONSITE SEPTIC SYSTEM EVALUATION	N		1					
Year the home was built:								
Number of Bedrooms:								
Is the onsite septic system more than 5 years old?		Yes*		No	Year Ins	stalled:		
*If the septic system is more than 5 years old, a pump tank(s) and a copy of receipt must be included with t	_		ised ii	n Grar	nt County	y must p	ump t	he
FOR DRINKING WATER EVALUATION: The s	ource o	f drinking v	vater	is:				
Individual well								
Shared well								
Number of homes and businesses connected								
A shared well user agreement has been filed t	o the tit	le of all pro	perti	ies sei	rved	Yes		No
Same farm exempt well								
Number of homes and businesses connected								
A same farm affidavit has been filed to the titl	e of all p	oroperties :	serve	d	Yes	Nc)	
Group B Public Water System:								
Public Water System ID Number (PWS#)								
· / ———								

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	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 WR	ITE BELOW THIS LINE ***	*******	
Date Rec'd	Receipt#	Amt Paid	Initials	

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OFFICE USE ONLY

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

Tax Parcel Number:	Applicant:					CERTIFICATION REPORT				
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	Tax Parcel Number:									
Number of Approved Connections: Number of Existing Connections:			Share	d We	<u></u>	_ Same	Farm E	xempt (# Conn	ections)	l
Bacteriological Sample Results Date of Sample Date of Analysis Results Satisfactory? Yes No Yes No Yes 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? 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. System records available. No obvious system malfunction observed. System records available. No obvious system malfunction observed. System malfunction observed:	Group B Public W	ater Sy	ystem, Na	me a	and PWS#:_					
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COMMENTS	System malfunction	n obser	ved:							
	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:_____