



**GRAYS HARBOR COUNTY  
DEPARTMENT OF PUBLIC SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

**100 W Broadway Suite 31  
Montesano, WA 98563  
360-249-4222  
360-249-3203 fax**

**WATER SAMPLE COLLECTION & ANALYSIS REQUEST**

Request for the collection of bacteria and or nitrate analysis of a domestic water supply

- FEES:**  \$95.00 Collection fee  
 \$26.00 Bacteria analysis  
 \$26.00 Nitrate analysis

This is not a loan report. A written statement from the department regarding the status of the physical components of the water system will not be provided. Water samples may be collected from any spigot or faucet that is easily accessible to field personnel. If no one is on site to assist with sample collection and it is determined that no reasonable collection site is readily available a \$95.00 collection fee will be required prior to returning to the site.

**Please be advised that it may take up to two weeks to schedule for sample collection, dependant on department workload.**

Property Address \_\_\_\_\_

Parcel # \_\_\_\_\_ Subdivision \_\_\_\_\_ Div \_\_\_\_ Lot \_\_\_\_ Blk \_\_\_\_

Occupant Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Property Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Is the property occupied year round?  Yes  No If no, last date of occupancy \_\_\_\_\_

Will someone be present on site?  Yes  No

Please indicate the location of an outside spigot and any special instructions for site access (Note: Samples cannot be collected directly from hoses).

Are there any hazards on the property about which field personnel should be advised? (dogs, alarms, etc.)

**Directions to the site** \_\_\_\_\_

ANALYSIS REPORT(S) WILL BE MAILED TO:

- Applicant
- Lending Institution Name \_\_\_\_\_ Address \_\_\_\_\_
- Other Name \_\_\_\_\_ Address \_\_\_\_\_

Email Addresses report can be sent to: \_\_\_\_\_

BY SIGNING THIS FORM, THE APPLICANT CERTIFIES THAT the inspector is authorized to visit the property and the occupant, if any, has been notified of this request. The appropriate fee for this inspection is due at application. Checks or money orders should be made payable to Grays Harbor County.

Applicant is the  Authorized Agent  Potential Buyer  Property Owner

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_