



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

**100 W Broadway Suite 31
Montesano, WA 98563
360-249-4413
360-249-3203 fax**

WATER SAMPLE COLLECTION & ANALYSIS REQUEST

A Request For The Collection And Bacteriological Analysis Of A Domestic Water Supply

FEE: \$79.00 + \$22.00 per sample tested

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 \$79.00 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 to allow asscess to inside faucets? Yes No

If no; please indicate the location of an outside spigot and any special instructions for site access (Note: Samples cannot be collected directly from hoses).

If yes; we will attempt to contact the *occupant / Owner* (please circle) by phone the day of sample collection to advise them at which time we expect to arrive.

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 _____

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 _____