

## Private Water Status Report

Drinking Water – Individual and 2-party wells

Submittal Date	Memo Number	Review Fee

Please see the *Environmental Health Fee Schedule* for current fees.

SITE ADDRESS OF WELL
Street Address
City
Assessor's Account Number
Assessor's Account Number of second lot served (for 2-party only)

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

- Please contact me to schedule visit due to site constraints.

### SERVICES REQUESTED

**Select One:**

- Full Water Adequacy Report with Bacteriological - sampled by Health District
- Full Water Adequacy Report with Bacteriological and Nitrate Sample - sampled by Health District
- Full Water Adequacy Report – sampled by other qualified individual
- Resampled Bacteriological result – site visit by Health District
- Resampled Bacteriological result – sampled by other qualified individual

### CERTIFICATION AND ACKNOWLEDGMENT

By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:

- ✓ If water is not turned on or an outdoor spigot is not available, a re-inspection fee may apply.
- ✓ If site constraints are present and the Health District was not notified to contact me, a re-inspection fee may apply.

Property Owner/ Agent name printed

Signature of Property Owner/ Agent

Date