



Thurston County Environmental Health

3000 Pacific Ave SE Olympia, WA 98501

(360)867-2673 / (360)867-2660 (Fax)

TDD Line (360) 754-2933

www.co.thurston.wa.us/health/ehadm

EVALUATION OF EXISTING WATER SYSTEM

STAFF USE ONLY	DATE STAMP
<h1>LABEL</h1> <p>PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	
	Intake by: _____

☐ Certified Water Sample Only

☐ Certified Water Sample and Well Inspection

Property Address: _____ City _____ State _____ Zip _____

Tax Parcel Number: _____

Directions to Property: _____

Current Legal Owner _____ Phone Number _____

Are there any hazards that the inspector should be advised about? (I.E. Dogs, alarms, locked gates, etc) ☐ Yes ☐ No

If yes, what? _____

Is water source from a community water supply or a single-family water supply? ☐ Community ☐ Single Family

If you answered community, what is the name of the community water supply? _____

If you answered single family, where is well located on property? _____

Does the water supply serve anything else? ☐ Yes ☐ No **If yes, complete supplemental application on reverse side.**

Applicant Information: Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

DISTRIBUTION INSTRUCTIONS (Where would you like us to send the report?) Choose One

☐ Mail to Applicant

☐ Call (name) _____ At (phone#) _____ For Pick-up

☐ Fax to (name) _____ At (fax #) _____

Email: _____

SIGNATURE OF APPLICANT _____ DATE _____

[By signing this form, the applicant certifies that Environmental Health staff are authorized to visit the property, and that the legal owner and any residents or occupants of the property are aware of this request.]

SUPPLEMENTAL APPLICATION FOR WATER SUPPLY INSPECTION

What else does the water supply serve? _____

Name of the water system owner: _____ Phone Number _____

Water system identification number from Washington State Dept. of Health (for public water systems only) _____

Is the well/water supply located on a parcel other than the one listed on the Loan Certification Application? ☐ Yes ☐ No

ONLY if you answered **yes**, the following **AUTHORIZATION** must be completed.

AUTHORIZATION TO INSPECT WATER SUPPLY

NOTICE: The following authorization must be signed and completed by the owner of the property where the well is located before Environmental Health staff can inspect the well.

I _____ am the owner of the property whose address and Tax Parcel number are listed below
(name of owner)

Tax Parcel # _____

Address: _____ City: _____ Zip: _____

A well/water supply is located on this property which serves the home and/or structures located at:

Tax Parcel #: _____

Address: _____ City: _____ Zip: _____

By signing this form, I authorize staff from the Thurston County Environmental Health Division to inspect this well as needed to review the Water System Evaluation Application on the reverse side of this form.

SIGNATURE _____ DATE _____ PHONE # _____