



## Thurston County Environmental Health

3000 Pacific Ave SE Olympia, WA 98501

Phone: (360) 867-2673

TDD Line (360) 754-2933

[www.thurstoncountywa.gov/drinking-water-wells](http://www.thurstoncountywa.gov/drinking-water-wells)

# APPLICATION FOR CERTIFIED WATER SAMPLE ONLY

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

TAX PARCEL # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Directions to the Property \_\_\_\_\_

Current Legal Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

If yes, what? \_\_\_\_\_

Water Source -Location and Public I.D. # (If applicable) \_\_\_\_\_

Does the well service anything other than one single-family residence? ☐ Yes ☐ No If so, What? \_\_\_\_\_

Notes: \_\_\_\_\_

SEND REPORT TO (CHOOSE **ONE**): ☐ This address: \_\_\_\_\_

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

☐ Fax to (name) \_\_\_\_\_ At (fax) \_\_\_\_\_

Applicant (if different than owner) Name \_\_\_\_\_ Phone \_\_\_\_\_

**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.]*