



**Application for
Private Water System Report**
Washington County Department of
Health & Human Services
Environmental Health
(503) 846-8722
www.co.washington.or.us

Stamp Date Submitted:	For Office Use Only:
	Fee Paid _____
	Date Received _____
	Record # _____
	Received by _____
	CR # _____

PROPERTY OWNER INFORMATION

Name _____ Daytime Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

LEGAL PROPERTY DESCRIPTION

Township _____ Range _____ Section _____ Tax Lot # _____ Acreage/Lot size _____

Subdivision Name _____ Lot _____ Block _____

Property Address: _____

Directions to Property: _____

APPLICANT – PLEASE COMPLETE THE FOLLOWING:

1. Provide information on the location of well and pressure tank; distance from the property lines, septic system, fuel storage, tank(s) and chemical storage. Please complete the Plot Plan for Private Water Systems in detail.
2. Was a well log report obtained? Yes No If yes, please attach copy of well log report. (If unsure, please contact the Watermaster's office: (503) 846-7780 or the well driller for information.)
3. Has the well pump, pressure tank, etc. been serviced or replaced within the past 5 years? Yes No If yes, please list date and type of service: _____
4. Has the well been tested for Coliform, Nitrate and/or Arsenic? Yes No If yes, indicate which test(s) and on what date(s): _____
5. Has resident experienced any taste, odor or other problems with the well water? Yes No If yes, please describe the problem: _____
6. Does the well have a softener, or filter attached to the distribution line? Yes No If yes, please indicate location: _____
7. Is the purpose of this testing for the sale of property? Yes No If yes, the State of Oregon requires the well to be tested for Coliform, Nitrate and Arsenic.
8. Please indicate which test(s) you are requesting (check all that apply): Coliform Nitrate Arsenic