Hood River County Health Department, Environmental Health Office

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Water System Test & Inspection Application Form:

Microbiological Contaminates (Total Coliform / E-coli), Sanitation Evaluation

Please Print Clearly and Complete All Fields Below

Property Owners' Name	Owners' Mailing Address	City / State / Zip	Owners' Phone
Applicant's Name (if different from owner)	Applicant's Mailing Address	City / State / Zip	Applicant's Phone

Legal Description of Property *(please print)*:

Hood River

County	Township	Range	Section	Tax Lot	PWS # *(if applicable)*

Job Location & Time:

Physical Address, Driving Directions, Etc.:

Appointment: Date: ; **Time:**

Please Describe Your Water System ***(Source, Treatment, Disinfection, Distribution, Number of Connections, Etc.)*:**

Well: ☐
Spring: ☐
Surface Water: ☐
Other: ☐ _____

Describe the work you wish to be performed; why do you want test(s) performed?

Has anyone become sick from the water?

Return Address For Report:

By my signature, I certify that the information I have furnished is correct, and hereby grant Hood River County permission to enter onto the above described property for the purposes related to the above application.

I am the: ☐ Owner; ☐ Authorized Representative

Print Name _____ Signature _____ Date _____

Sample Information:

(For Office Use Only)

Arrival Time:	**Departure Time:**	**Notes:**
Sample Bottle Number:		**Sample Collection Date & Time:** ___ / ___ / ___, ___ : ___
Sample Location:		**Site Description:**

Sent to laboratory via: Mail ☐; Hand Delivered ☐; **Date & Time:** ___ / ___ / ___, ___ : ___

Total Fee For Service(s): _____

Coliform Bacteria Test = $57.00
Non-Public Water System Survey - Consultation, No Report = $88.00
Non-Public Water System Survey - Formal Written Report = $175.00
Environmental Health Specialist - Hourly Contract Work = $155.00/hr
Effective 1/1/16 - Fees are subject to change -