



CLARK COUNTY PUBLIC HEALTH

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For Office Use Only

REQUEST FOR SAMPLE REVIEW: INDIVIDUAL WATER SUPPLY

Applicant _____ Phone() _____

Mailing Address _____ City _____ Zip _____

Well Location (Site Address) _____

City _____ Zip _____ Property Tax Account Number _____

DECLARATION OF SAMPLE COLLECTOR: _____ declares as follows:
PRINTED NAME

I hereby certify that the water samples/results presented to the Clark County Health Department for purposes of bacteriological and inorganic chemical sample analyses are from the individual water supply source located on the above described property.

I DECLARE THE ABOVE STATEMENT TO BE TRUE AND CORRECT AND MADE SUBJECT TO THE PENALTIES FOR PERJURY UNDER THE LAWS FOR THE STATE OF WASHINGTON.

SIGNATURE OF SAMPLE COLLECTOR DATE

CCPH Staff Use Only

Well Permit Number (WP #) _____ Well Tag Number _____

Bacteriological Lab # _____ Arsenic Lab # _____ Nitrate Lab # _____

WATER SUPPLY ACCEPTED WATER SUPPLY NOT ACCEPTED

Comments/conditions: _____

SANITARIAN SIGNATURE _____ DATE _____

Acceptance of this *Request for Review of an Individual Water Supply* is based on information provided by the declarant. Upon acceptance by Clark County Public Health, this water supply is found to be consistent with the Guidelines for Determining Water Availability for New Buildings as established by the Washington State Department of Health and the Washington State Department of Ecology, Ecology Publication 93027, April 1993 and Clark County Public Health Sanitary Code. Consequently, this water source will be considered adequate for the purposes of fulfilling the requirements of RCW 19.27.097 as applied to the issuance of building permits. However, this review does not address the issue of water rights and, therefore, provides no opinion as to the applicant's legal right to use the subject water source.