



EVALUATION OF EXISTING SEWAGE SYSTEM and/or WATER SYSTEM
OPERATIONAL CERTIFICATE and/or LOAN CERTIFICATION

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

Evaluation for: Septic System Water System Both Operational Certificate Renewal Field Inspection (HA/HH)

Property Address: _____ City _____ State _____ Zip _____

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? _____

Where is the on-site sewage system located? See as-built drawing As noted

Type of Structure: Single Family; Multi-Family--How many units? _____ Other _____

Number of Bedrooms (per unit for multi-family) _____ Year Septic System Installed _____

Do all plumbing fixtures, including the laundry drain, go to the septic system? Yes No

Is water source coming 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.**

Is the water system to be evaluated? 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 #) _____

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.]

COMPLETE THE BACK OF THIS APPLICATION IF THE WATER SYSTEM IS TO BE EVALUATED

SUPPLEMENTAL APPLICATION FOR WATER SUPPLY INSPECTION

Does the well/water supply serve anything other than one single-family residence? Yes No

If Yes, what else does it 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 Loan Certification Application on the reverse side of this form.

SIGNATURE _____ DATE _____ PHONE # _____