

Oregon Health Division Drinking Water Program

DOMESTIC WELL TESTING FOR REAL ESTATE TRANSACTION

Submit this form for all real estate transactions that include a well that supplies groundwater for domestic uses. Springs do not need to be tested under this law. (ORS 448.271)

Street Address of Property:					
City:		Zip:	County:		
Township:	Range:	Sect:	1/4 Sect:	1/4-1/2 Sect:	Tax lot #:
Seller:			Address:		
City:			State/Zip:	Phone #:	
Buyer:			Address:		
City:			State/Zip:	Phone #:	
Seller's Designees:			Address:		
City:			State/Zip:	Phone #:	

*The Seller's Designee is the person assigned by the seller to complete the necessary paperwork and submit the lab results to the Health Division, and can be the seller's attorney, real estate agent or broker, the person conducting the tests or a private party.

Was buyer notified of water test quality results?	Yes	No
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Water sample collected by:		Address:		
City:		State/Zip:	Phone #:	
Sample point:	Well's distance from septic tank:	Well depth in feet (est.):		
Please provide a copy of the well log. If available, is well log attached?			Yes	No
Person completing this form (if different from seller):				
Address:		City:		
State/Zip:		Phone #:		

ATTACH LABORATORY SLIPS FOR BOTH NITRATE AND COLIFORM BACTERIA AND MAIL TO:
 Domestic Well Testing Program, Oregon Health Division, P.O. Box 14450, Portland, OR 97214-0450.

The information you are providing is part of a statewide effort to assess the status of the groundwater resources in Oregon. Thank you for your assistance.

PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE