



PUBLIC HEALTH DIVISION  
Domestic Well Safety Program

800 NE Oregon Street, Suite 640  
Portland, OR 97232  
Voice: 971-673-0440  
FAX: 971-673-0979  
<http://healthoregon.org/wells>

**Official use only**

Sample number: \_\_\_\_\_

Collection date: \_\_\_\_\_

## Domestic well testing for Real Estate Transactions

Please complete this form for all real estate transactions involving a well that supplies groundwater for domestic use. Send this form to Oregon Health Authority and include a copy of the test results for ARSENIC, COLIFORM BACTERIA and NITRATE. The information will improve knowledge of Oregon's groundwater and help protect the health of people who rely on private domestic wells (OAR 333-061-0305). Spring wells, wells on undeveloped lots, and wells used for irrigation only are exempt from testing rules.

### Property information

**Property address:**

\_\_\_\_\_

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
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**Well address:** (if different from property address)

\_\_\_\_\_

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
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**Where was the water sample collected?** \_\_\_\_\_  
(Example: outside faucet, wellhead, kitchen sink)

**Was the buyer notified of test results?**  Yes  No

**Well information:** Obtain through Water Resources Department 503-986-0900 or online at [http://apps.wrd.state.or.us/apps/gw/well\\_log/Default.aspx](http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

**Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Tax lot:** \_\_\_\_\_

**Well tag ID:** \_\_\_\_\_ **Well ID number:** L- \_\_\_\_\_ **Well depth:** \_\_\_\_\_ ft.  
(Example: CLAC 12345) (Example: L-12345)

**To be completed by seller or seller's designee:** The seller's designee is the person assigned by the seller to complete the necessary paperwork and submit the lab results to OHA and buyer (OAR 333-061-0335).

**Name:** \_\_\_\_\_  
*First* *Last*

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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Date received:

**Submit this form and water quality results to:** (chose one)

**Mail:** Domestic Well Safety Program  
800 NE Oregon Street, Suite 640  
Portland, OR 97232

**FAX:** 971-673-0979

**Email:** [Domestic.Wells@dhsoha.state.or.us](mailto:Domestic.Wells@dhsoha.state.or.us)

**Online:** [www.healthoregon.org/wells](http://www.healthoregon.org/wells)

If you have questions on this form please visit our website at [www.healthoregon.org/wells](http://www.healthoregon.org/wells) or call us at: 971-673-0440