

Oregon Department of Human Services

**Office of Environmental Public Health
800 NE Oregon Street #604
Portland, OR 97232-2162**

**(971) 673-0405
(971) 673-0694 FAX
(971) 673-0372 TTY-Nonvoice**

DOMESTIC WELL TESTING FOR REAL ESTATE TRANSACTION ARSENIC, COLIFORM BACTERIA AND NITRATE

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)

Township:	Range:	Section:	Tax Lot:
Street address of property:			
City:	State/Zip:	County:	
Owner:	State/Zip:	Phone#:	
Buyer:	Address:		
City:	State/Zip:	Phone#:	
Sellers Designee ¹	Address:		
City:	State/Zip:	Phone#:	

¹ The seller's designee is the person assigned by the seller to complete the necessary paperwork and submit the lab results to the Department of Human Services-Drinking Water Program., 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
Water Sample Collected By:	Address:	
City:	State/Zip:	Phone #
Sample Point:	Well ID No ²	Well Depth:
Person and/or business completing this form (if different from seller):		
Address:	City	
State/Zip:	Phone#:	

² Obtain through Water Resources Dept; Phone 503-986-0854.

**Attach laboratory analysis reports for arsenic, coliform bacteria, and nitrate and mail to:
Domestic Well Testing Program
D H S Drinking Water Program
PO Box 14350
Portland OR 97293-0350**

The information you are providing is part of a statewide effort to assess the status of the groundwater resources in Oregon. It is not intended to be available for public use. Please keep a copy for future reference. Thank you for your assistance

PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE