



Lahontan Regional Water Quality Control Board

AUTHORIZATION TO SAMPLE RESIDENTIAL WELL

I agree, as owner of the property referenced below, that State Water Boards employees, may have access to the property for collecting water samples. I acknowledge that the samples will be analyzed for one or more chemical or biological constituents and that the copy of the analytical report provided to me will illustrate the concentration of constituents sampled for and will not indicate or preclude the presence of other contaminants. I further acknowledge that the analytical report will be a public record and as such may be used in water quality studies or investigations. I understand that the State Water Boards cannot require or provide service to correct the drinking water quality of privately owned wells.

- YES, I am the well owner and would like to participate in the Voluntary Domestic Well Assessment Project.
YES, I have well construction information (Well Completion Report).
NO, I do not wish to participate at this time.

Signature: _____

Name: _____

Mailing Address: _____

City, Zip: _____

Daytime Phone: _____

Well Location Address: (if different from mailing) _____

Comments: _____

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