



ADAMS COUNTY PRIVATE WELL SAMPLING PROGRAM CONSENT AND NOTIFICATION

We have requested that the Tri-County Health Department (“TCHD”), the District Public Health Agency of the Counties of Adams, Arapahoe and Douglas, Colorado, obtain water well samples from our private water well as part of TCHD’s Private Well Sampling Program operated in conjunction with Adams County, Colorado.

We understand and agree that TCHD will share the results of any samples taken through the Private Well Sampling Program with Adams County and the Colorado Department of Health and Environment, as well as other governmental and non-governmental partners and agencies as may be necessary or desirable. We further understand and agree that TCHD, if requested pursuant to the Colorado Open Records Act, or other applicable law, may be required to disclose personal information about us, and the results of the samples taken, to the individuals and agencies making any such requests. The information that may be disclosed includes, but is not limited to, the following:

- Name and Address
- Location of Private Well
- Collection Date and Time
- Sample ID Number
- Analyzed Parameters and Results of Sampling

Pursuant to the foregoing, we hereby acknowledge and agree as follows:

- That we are signing this form freely and voluntarily.
- That we hereby grant the authorized representatives of TCHD the permission to enter our property and obtain the private water well sampling as indicated above.
- That our personal information is subject to disclosure pursuant to the Colorado Open Records Act, and that private water well sampling may, or will, be shared with other parties as described above.
- That TCHD cannot control what happens to personal information about us once it has been released to the parties described above or released pursuant to the Colorado Open Records Act.

By affixing my signature below, we hereby state and affirm that we have read and understand this Consent and Notification and am fully advised of the above.

Property Owner(s):

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____