

Montgomery County Health Department
WELL CERTIFICATION REQUEST FORM

FEE: \$125.00 FOR WATER SAMPLE – COLIFORM BACTERIA

Services are normally provided within 10 business days.

Current Property Owner

Name:

Current Mailing Address:

City: State: Zip:

Primary Phone # Secondary Phone #

Applicant

Name:

Current Mailing Address:

City: State: Zip:

Primary Phone # Secondary Phone #

911 Address of Property:

City: State: Zip:

Parcel #: Subdivision Name:

Lot #:

Name to be listed on Certification:

Purpose of Sample
(Please check one)

☐ Adoption, Foster Care, Day Care

☐ Owner Request

☐ Loan or Refinance

☐ Other:

Components on Well Being Tested
(Please check all that apply)

☐ Disinfection treatment

☐ Filter

☐ Storage tank

☐ Other:

Are any of the following on or near property
(Please check all that apply)

☐ Animal / Fowl Enclosure

☐ Chemical / Petroleum Storage

☐ Pit Privy

☐ Seepage Pits, Cesspools

☐ Solid Waste Disposal Sites

General Information

Number of wells on property

Age of well(s)

Is there a septic system on property

Yes

No

Age of septic system

Water Source ☐ Drilled Well ☐ Bored Well ☐ Spring Other:

Is well connected to house? All plumbing complete?

Yes

No

Is electricity on at pump?

Yes

No

Is any chlorine in well?

Yes

No

Is well grouted?

Yes

No

Is there a concrete slab (4x4x4) around well casing?

Yes

No

Has occupant of home been notified water sample is being collected?

Yes

No

I am the owner / applicant / agent of the above referenced property and give permission to the Montgomery County Health Department to perform the services requested above. Pending approval, I would like a copy of the final inspection report emailed to me. If email is not provided, you may pick up the report at the Health Department.

Owner / Applicant / Agent Email Address:

Signature:

Print Name:

Date:

Office Use Only:

Building Permit #

Completed:

Date: ____ / ____ / ____

Clerk: _____

Time: _____

Amount Paid _____

(Rev 12-2024)

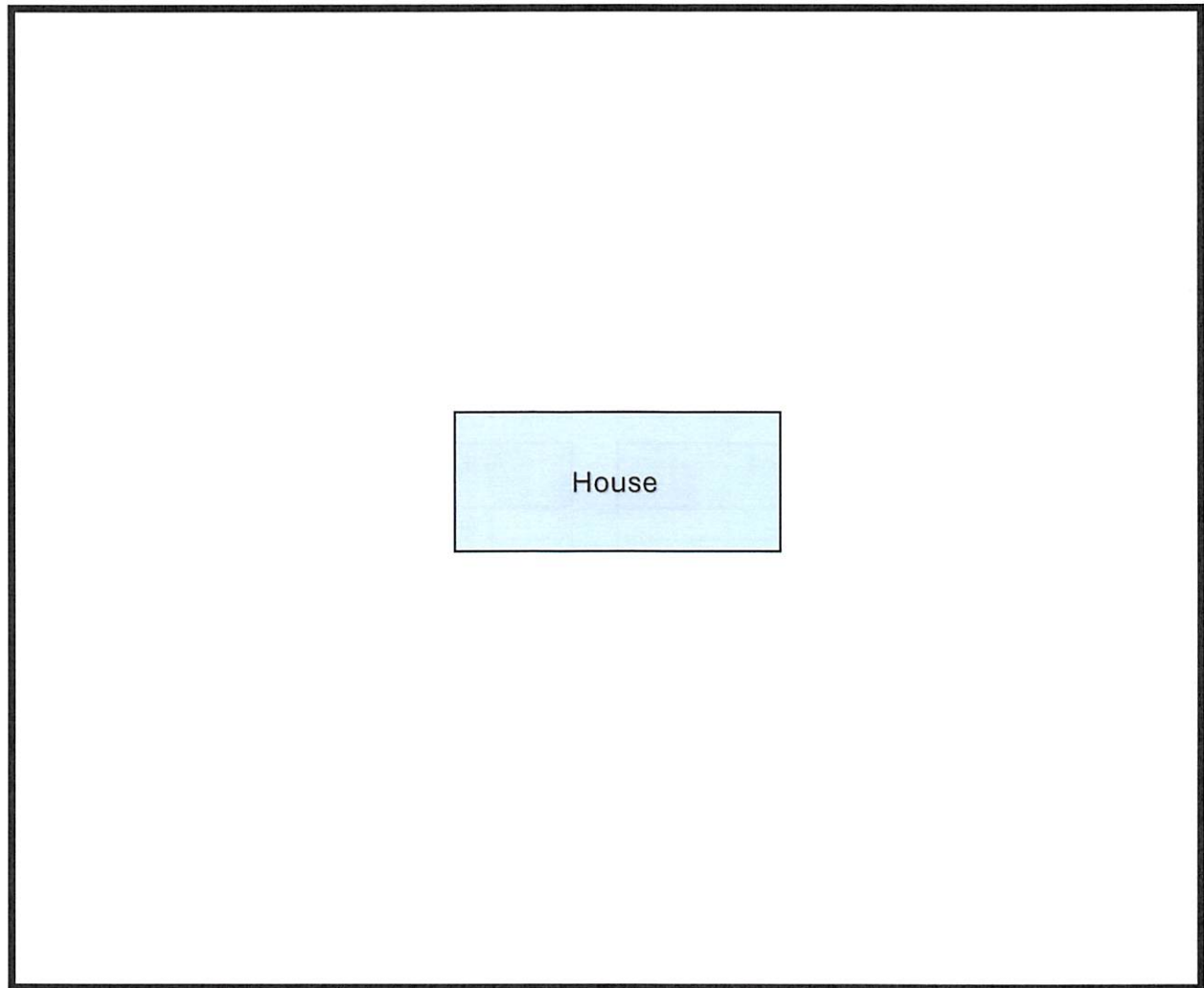
Cash: _____

Check #: _____

Credit/Debit: _____

Please show location of well on property.

If there is a septic system on the property, please show location of septic tank and drain field, if known.



FRONT