

Telfair 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				Applicant			
Name: _____				Name: _____			
Current Mailing Address: _____				Current Mailing Address: _____			
City: _____		State: _____		City: _____		State: _____	
Zip: _____		Zip: _____		City: _____		State: _____	
Primary Phone # _____		Secondary Phone # _____		Primary Phone # _____		Secondary Phone # _____	
911 Address of Property: _____				City: _____		State: _____	
Parcel #: _____		Subdivision Name: _____			Lot #: _____		
Name to be listed on Certification: _____							

Purpose of Sample (Please check one)			
☐ Adoption, Foster Care, Day Care		☐ Loan or Refinance	
☐ Owner Request		☐ Other: _____	

Components on Well Being Tested (Please check all that apply)		Are any of the following on or near property (Please check all that apply)	
☐ Disinfection treatment		☐ Animal / Fowl Enclosure	
☐ Filter		☐ Chemical / Petroleum Storage	
☐ Storage tank		☐ Pit Privy	
☐ Other: _____		☐ 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 Telfair 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: _____

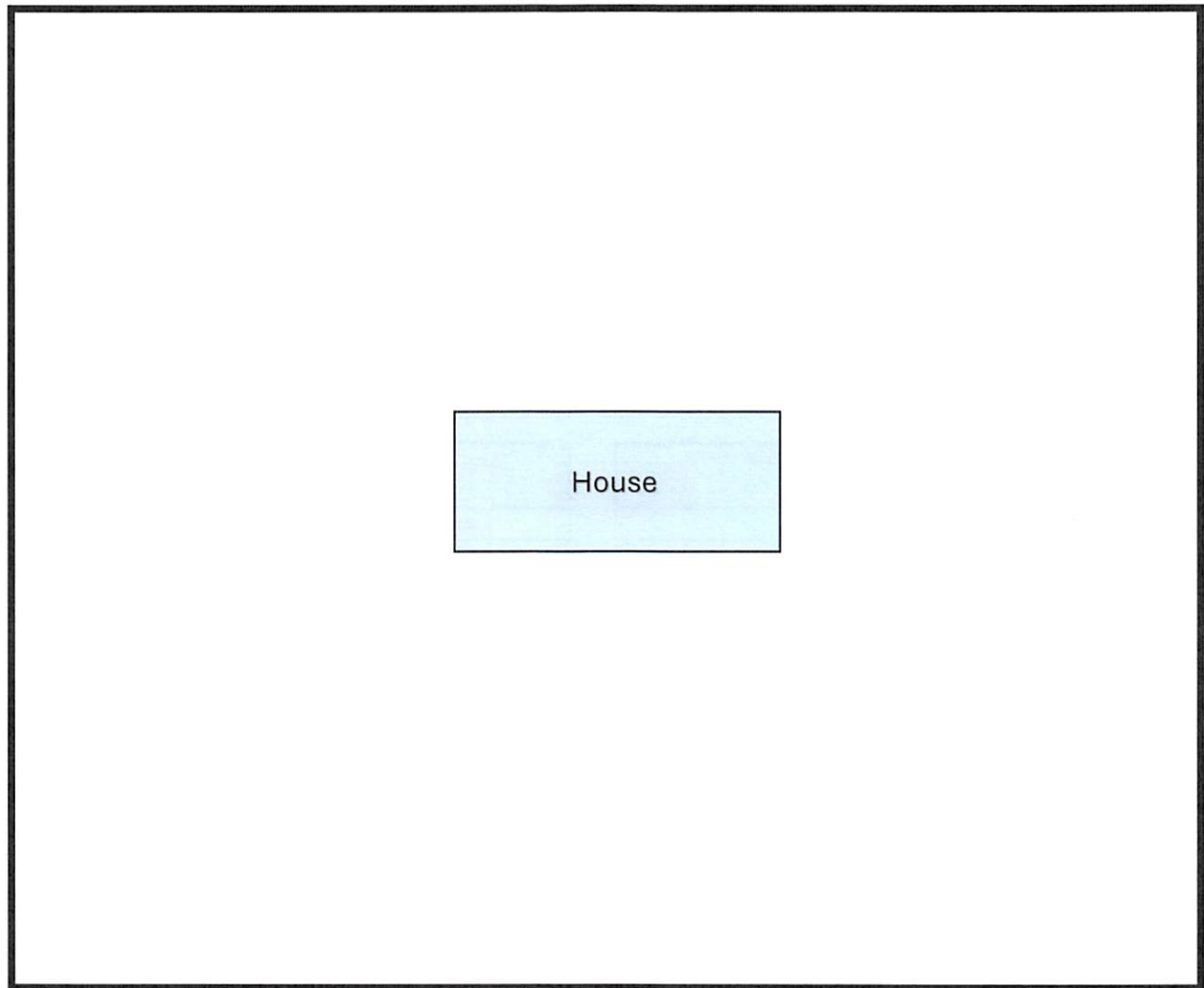
Signature: _____ Print Name: _____ Date: _____

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