

Wilcox 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)	
☐ 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
Age of septic system _____			No
Water Source	☐ Drilled Well	☐ Bored Well	☐ Spring
Is well connected to house? All plumbing complete?			Yes
Is electricity on at pump?			No
Is any chlorine in well?			Yes
Is well grouted?			No
Is there a concrete slab (4x4x4) around well casing?			Yes
Has occupant of home been notified water sample is being collected?			No

I am the owner / applicant / agent of the above referenced property and give permission to the Wilcox 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: _____

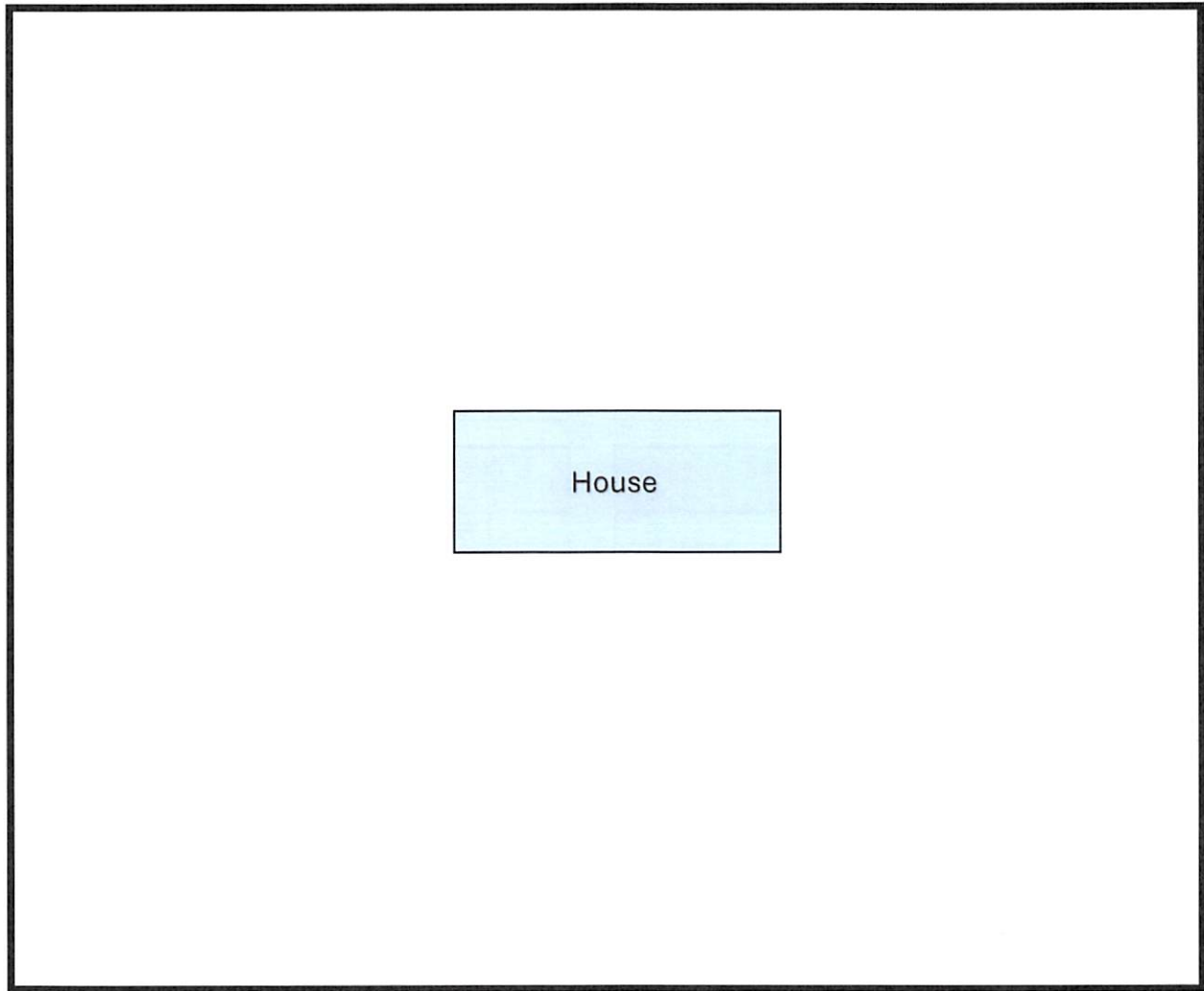
Signature: _____	Print Name: _____	Date: _____
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Office Use Only:	Building Permit #

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