

Pulaski County Health Department
WELL CERTIFICATION REQUEST FORM

Use this form for Water Samples Only. Sample types available:

- 1. Adoption/Foster Care**
- 2. Bacterial Water Test**
- 3. Certifications for New Home Loans or Refinancing a Home.**

Property Owner: _____ Home Phone # _____
911 Address of Property: _____ Work/Other Phone # _____

Name of Applicant: _____ Home Phone # _____
Current Mailing Address: _____ Work/Other Phone # _____

Name(s) to be listed on Certification: _____

Directions to Property (please include road names and highway numbers where possible): _____

Well Certifications Available:

- 1) Non-EPD Certified Lab**
 - o Pulaski County Health Department – Samples collected Tuesday and Thursday
\$100.00 to collect and process sample

Fees: Make checks payable to the Pulaski County Health Department.
Results are normally available within ten working days.

- All of the following items must be checked before a sample will be collected.**
- o Well connected to house. All plumbing is complete.
 - o Electricity is on at pump.
 - o No chlorine remaining in well.
 - o Occupant of home notified evaluation is being conducted.
 - o Well has been grouted or a concrete slab (4'x4'x4") has been poured around well casing.

I am the owner/agent of the above referenced property and give permission to the Pulaski County Health Department to perform the services requested above.

Signature: _____ Date: _____

Office Use Only:

Completed: _____ Date: ___/___/___ Clerk: _____ Time: _____ Amount Paid: _____