## Wheeler 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

Completed:

Date:

| 3. Certifications for New Home Loans or Refinancing a Home.  |   |   |
|--|---|---|
| Property Owner:  |   | Home Phone #  |
| Mailing Address of Pro   | perty:  | Work/Other Phone #  |
| Name of Applicant:   |   | Home Phone #  |
| Current Mailing Addre  | ess:  | Work/Other Phone #  |
| Name(s) to be listed of  | on Certification:                                       |   |
| Directions to Proper   | ty (please include road names and                       | highway numbers where possible):                              |
|  |   |   |
|  |   |   |
| · • 1  | D Certified Lab   | tment – Samples collected Monday and Wednesday<br>le          |
| Fees: Make checks payable to the Wheeler 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/age<br>Department to perfor   | nt of the above referenced m the services requested abo | property and give permission to the Wheeler County Health ve. |
| Signature:   |   | Date:   |
| Office Use Only:   |   |   |
|  |   |   |

Clerk:

Time:

Amount Paid: