

Bleckley 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 #: _____		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
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 Bleckley 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: _____

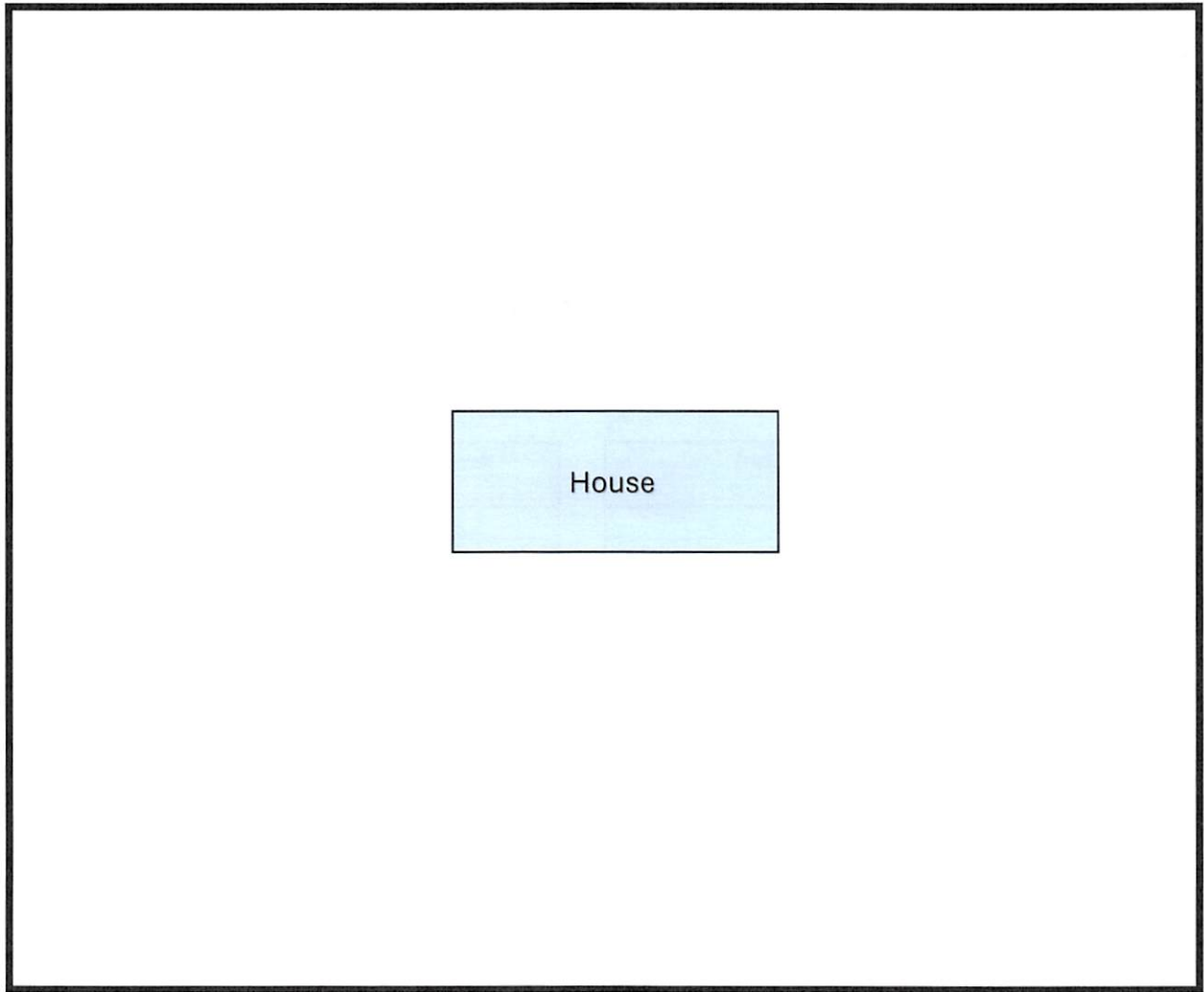
Signature: _____ Print Name: _____ Date: _____

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