

# Bleckley 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 Bleckley County Health Department – Samples collected Monday and Wednesday  
 \$100.00 to collect and process sample

**Fees: Make checks payable to the Bleckley 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 Bleckley County Health Department to perform the services requested above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clerk: \_\_\_\_\_ Time: \_\_\_\_\_ Amount Paid: \_\_\_\_\_