

Dodge 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 Dodge County Health Department – Samples collected Monday, Tuesday and Thursday
\$100.00 to collect and process sample

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

Signature: _____ Date: _____

Office Use Only:

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