

Wilcox 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 Wilcox County Health Department – Samples collected on Monday only
 \$100.00 to collect and process sample

**Fees: Make checks payable to the Wilcox County Health Department.
Results are normally available within 14 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 Wilcox County Health Department to perform the services requested above.

Signature: _____ Date: _____

Office Use Only:

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