

**Johnson 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.
4. Mineral Analysis

Property Owner: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
911 Address of Property: \_\_\_\_\_ Work/Other Phone # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_ Work/Other Phone # \_\_\_\_\_  
\_\_\_\_\_

Name to be listed on Certification: \_\_\_\_\_

**Directions to Property** (please include road names and highway numbers where possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Well Certifications Available:**

**1) Non-EPD Certified Labs**

- Johnson County Health Department – Samples pulled Tuesdays & Thursdays  
\$100.00 to pull and process sample

**2) Mineral Analysis (Tests for Hardness, Iron, pH)**

- Johnson County Health Department - Client must bring sample into office.  
\$20.00 to process sample

**Fees: Make checks payable to the Johnson County Health Department (unless stated otherwise).  
Results are normally available within ten working days.**

**All of the following items must be checked before a sample will be pulled.**

- Well connected to house. All plumbing is complete.
- Electricity is on at pump.
- No chlorine remaining in well.
- Occupant of home notified evaluation is being conducted.
- 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 Johnson County Health Department to perform the services requested above.

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

**Office Use Only:**

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