

Laurens 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: _____
Current Mailing Address: _____
Home Phone #: _____ **Work/Other Phone #:** _____

Name of Applicant (if different) _____
Current Mailing Address: _____
911 Address of Property : _____
(to be looked at) _____
Home Phone #: _____ **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) **EPD Certified Labs** *(EPD Certification may be required by the lending agency, please check).*
 - o City Lab – Samples pulled Monday – Thursday
125.00 to pull sample
24.00 for lab to process *(make \$24.00 check payable to the City of Dublin)*
149.00 Total
- 2) **Non-EPD Certified Labs**
 - o Laurens County Health Department – Samples pulled Monday – Thursday
\$125.00 to pull and process sample
- 3) **Mineral Analysis** *(Tests for Hardness, Iron, pH)*
 - o Laurens County Health Department - Client must bring sample into office.
\$20.00 to process sample

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

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

- 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 Laurens County Health Department to perform the services requested above.

Signature: _____ **Date:** _____

Office Use Only:

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