RE-CERTIFICATION FOR WELL / SEPTIC

Well  
☐ Proof of water rights (Required)  
☐ Full Chemical Water Test  
☐ Bacteriological Water Test Only

Septic  
☐ Evidence that the septic tank has been pumped within the last five years (Required)  
☐ Septic System

Total due: ______________  
Receipt #: __________________________

Date: __________________________

Home owner’s name: ____________________________________________

Location of home: ______________________________________________

Contact Phone #: ______________________________________________

Contact Person if different than owner: ______________________________

Approval letter to go to the following:

Business name: _________________________________________________

Attn: _________________________________________________________

Mailing address: ________________________________________________

City, State Zip: _________________________________________________

Phone #: ______________________________________________________

Fax #: __________________________ Email: __________________________

Inspector: _____________________________________________________

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