Franklin County Environmental Health Department

6955 Hwy 145, Carnesville, GA 30521 Phone: 706-384-5575 Ext 4 Fax: 706-384-4217

WELL WATER SAMPLE APPLICATION

Applications are taken in office: Monday, Wednesday, Thursday: 8:00AM – 5:00PM; Tuesday: 8:00AM – 7:00PM; Friday: 8:00AM – 12:00PM; Closed for lunch: 12:30PM – 1:00PM

WATER TESTING	
Water Sample (includes one re-sample)	$50.00

Date: _____

Property Owner's Name: _____

Phone Number: _____ Email Address: _____

Property Address: _____

Directions to property: _____

_____

_____

_____ or, ❍ GPS Accessible

Gate Code (if applicable): _____ Are there dogs present on the property? ❍ Yes ❍ No

---

Applicant's Name: _____

Applicant's Mailing Address: _____

Phone Number: _____ Email Address: _____

Reason for sample request: _____

Have you or someone you know previously requested a water sample for this location? ❍ Yes ❍ No ❍ Unsure

If yes, please provide the applicant(s) name(s): _____

Type of Well: ❍ Bored ❍ Drilled ❍ Spring ❍ Other: _____

Is the well protected with a slab around the casing? ❍ Yes ❍ No

Estimated Well Age (Years, rounded up): _____

Depth of Well (Feet): _____

Note: Environmental Health only tests individual wells for two types of bacteria – Coliform and E. Coli. Public water supplies are not tested by this Department. The sample must be collected and returned to the Health Department by the Environmental Health Specialist. Testing then takes at least 24 hours. Results and additional information will be provided initially by phone to the person indicated above. A letter will be subsequently mailed, emailed, or faxed as requested. Protection and Disinfection Instructions are attached and should be followed if results are positive.

Franklin County Environmental Health Department

6955 Hwy 145, Carnesville, GA 30521 Phone: 706-384-5575 Ext 4 Fax: 706-384-4217

Well Location: _____

Sketch the location of water source in relation to the dwelling and/or property:

The above information as furnished is true and correct to the best of my knowledge. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for processing this application.

Signature of Applicant: _____

Application Name (Print): _____ Date: _____