Water Sample Request – Private Well

PROPERTY INFORMATION (To be evaluated)

County:	
Property Address:	
City, State, Zip Code:	

APPLICANT INFORMATION (How do we contact you?)

Name:		
Mailing Address:		
City, State, Zip Code:		
Email Address:		
Primary Telephone:	Secondary Telephone:	

DIRECTIONS (Indicate on lines below or provide on separate sheet of paper.)

Send to: wastewater@msdh.ms.gov or P.O. Box 1700, Jackson, MS 39215-1700 Or apply online at healthyms.com/wwapply

ATTESTATION

By signing or typing my name in below, I attest that the information submitted is an accurate representation to the best of my ability and knowledge. I understand that any falsification of documentation or violation of regulations is punishable by **Mississippi Code of 1972**, **Annotated Sections 41-67-5 (1)**, **41-67-7(4)(5)**, **41-67-28(5)**, **97-7-10**, **97-9-59 and 97-9-61**.

I agree to pay the water sample test **fee of \$35.00** (a processing fee will be included for electronic payments) or <u>this request form will not be considered complete.</u>

~ ·	
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1712	
~	nature:

Date: _____

Mississippi State Department of Health

Water Sample Request – Private Well

PURPOSE

To provide a notice to the Mississippi State Department of Health that an Applicant requests the testing of a private well for biological contamination.

This documentation is not intended to be photocopied and released to the Applicant.

INSTRUCTIONS

The Applicant must provide all requested information, written directions to the property, fee (or an email to receive an invoice at) and read all pages. The Applicant agrees to authorize the Environmentalist to enter the property to take a sample from the private well.

Property Information

- 1. County Enter the Mississippi county that the property is located in
- 2. Property Address Enter the physical address (911 address) for the property location to be evaluated
- 3. City, State, Zip Code Enter the City, State and Zip Code for property address to be evaluated

Applicant Information

- 4. Name Enter name of property owner(s)
- 5. Mailing Address Enter complete mailing address of the Applicant (i.e. where your mail goes)
- 6. City, State, Zip Code Enter the City, State and Zip Code for Applicant Mailing Address
- 7. Email Address Enter Applicant Email Address
- 8. Primary Telephone Enter the telephone number the Applicant is most likely to use during business hours
- 9. Secondary Telephone Enter alternate telephone number

Directions

10. The Applicant must provide written, detailed directions to their property from the Department

Attestation

11. Signature and date – Sign and date where indicated, confirming all portions of the Application are filled out completely and accurately.

OFFICE MECHANICS AND FILING

The Applicant will complete the Water Sample Request and include fee. The Division of On-Site Wastewater will provide the Applicant with a copy of the Results with the Environmentalist's signature and file an unsigned copy in the Applicant's file.

If any portion of the Water Sample Request is considered incomplete, it <u>will not be processed</u> and the Applicant shall be notified of what is missing. Once the Water Sample Request is verified as complete, the Department will enter data into the computer Wastewater Program. The Department will electronically file all documentation associated with the property.

RETENTION PERIOD

Signed copy has no retention time. Copy unsigned in the file shall be retained for 3 years or until audited.