



West Central Health District

Environmental Health

Application Requirements for a Private Well Water Bacterial Sample

You are applying for a Coliform/Fecal Coliform water sample. This service includes a visit to your well to evaluate the visible components of the well. The outdoor faucet closest to the well, that is accessible, will be sanitized and a sample of water will be taken for bacterial analysis. The procedure we use identifies coliform bacteria. If the sample is positive for coliform bacteria, a second procedure is conducted to determine if fecal coliform bacteria is present. Please comply with the following requests prior to our arrival.

1. We must have access to the well. If there are locked gates that we will need to pass through, or if the pump house is locked, please plan to have them open at the time of service.
2. Please restrain any dogs or other potentially hazardous livestock.

If your well is found to be positive for coliform or fecal coliform bacteria, you will be given instructions for chlorinating your well. This is a method of killing bacteria.

After the well has been chlorinated, we will take one (1) follow-up sample, free of charge, to determine if the chlorination was successful. We recommend at least ten (10) days after the chlorine has been pumped from the well to take the follow-up sample. This gives any bacteria that may have survived the chlorination, a chance to grow to detectable levels. Due to the cost of supplies we must charge for additional testing after the follow-up sample, if needed.

The purpose of this service is to verify the water quality at the time of the sample. This is not an approval of the well. The Health Department makes no claim or guarantee that this well will stay clear of bacterial contamination for any given length of time.

Revised 12/6/2019



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Private Well Water Bacterial Sample Evaluation Application

Section A: Owner Information

Property/System Address:	County:	
Property/System Owner:	Phone #:	
Person Requesting Evaluation:	Phone #:	
E-Mail Address:	Fax #:	
Subdivision Name:	Block:	Lot:
Directions to the Property:		
Final Report: <input type="checkbox"/> Pick Up <input type="checkbox"/> Fax Number: _____		
<input type="checkbox"/> Mail To (if different than above): _____		
<input type="checkbox"/> E-Mail To (if different than above): _____		

Section B: Purpose for Evaluation

<input type="checkbox"/> Loan or Refinance Letter	<input type="checkbox"/> Health Department Regulated Non-Public System
<input type="checkbox"/> Owner Requested, Routine	<input type="checkbox"/> Illness Investigation (Include illness reporting form)
<input type="checkbox"/> Adoption, Foster, Day Care Letter	<input type="checkbox"/> Non-Public Well MOU Evaluation

Section C: Well Information

Number of Wells: (separate form for each)	Type of Well: <input type="checkbox"/> Water Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Other:
Water Source <input type="checkbox"/> Drilled Well <input type="checkbox"/> Bored Well <input type="checkbox"/> Spring <input type="checkbox"/> Other:	
Age of Well:	Well Contractor (if Known):
Components Associated with System: <input type="checkbox"/> Storage Tank <input type="checkbox"/> Filter <input type="checkbox"/> Disinfection Treatment <input type="checkbox"/> Other:	
Describe Any Recent Maintenance/Repairs Made to the System:	
Evidence of Septic Failure: <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe:	