



## Water Well Screening Application

The Health Department only screens water wells for nitrates, coliform bacteria, and *E. coli* bacteria.

First and Last Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Comments and concerns:**

A **\$60 application fee is required** for water well screening and can be paid online or by calling 785-843-3060.

For Health Department Use Only		
Amount Due: <b>\$60</b>		
Date application received:	Date fee paid:	Date report sent:
Paid by:	Amount paid:	Receipt number:
<input type="checkbox"/> Cash	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Credit Card Credit Card # _____