

# San Juan Public Health



Vital Records • WIC • Environment  
www.sanjuanpublichealth.org

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## RE-CERTIFICATION FOR WELL / SEPTIC

Well

Bacteriological Water Test Only

Septic

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: \_\_\_\_\_