



Kathleen Toomey, Commissioner • Brian Kemp, Governor
Mark J. Eanes, MD, MBA, District Health Director
 325 West Savannah Avenue, Valdosta, Georgia 31601
 Phone: (229) 333-5290 • Fax: (229) 333-7822

SITE EVALUATION REQUEST

I authorize the County Board of Health to conduct a site evaluation on this property to determine the suitability for:

- WELL ONLY**
 SEPTIC SYSTEM ONLY
 WELL AND SEPTIC

SELECT COUNTY:

<input type="checkbox"/> Ben Hill	<input type="checkbox"/> Berrien	<input type="checkbox"/> Brooks	<input type="checkbox"/> Cook	<input type="checkbox"/> Echols	<input type="checkbox"/> Irwin	<input type="checkbox"/> Lanier	<input type="checkbox"/> Lowndes	<input type="checkbox"/> Tift	<input type="checkbox"/> Turner
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Property Owner Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Applicant Information (if different from owner)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Location of Property	Subdivision Name: _____ Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
Directions to Property	_____ _____ _____
Property Information	Lot Size: _____ Acres or Square Feet: _____ <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other _____

Complete the following if applying for a septic system:

- New System**
 Repair

<p style="text-align: center;">Residential/Home:</p> Number of Bedrooms _____ Garbage Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No Swimming Pool <input type="checkbox"/> Yes <input type="checkbox"/> No Tankless Water Heater <input type="checkbox"/> Yes <input type="checkbox"/> No Ice Machine <input type="checkbox"/> Yes <input type="checkbox"/> No Water Softener <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Non-Residential/Commercial:</p> Type of Business/Facility: _____ Gallons per day: _____ Number of People/Employees: _____ Hours of Operation: _____ Number of Washing Machines _____
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Water Supply: Public
 Existing Individual Well
 Existing Shared Well
 I Need To Drill A Well

Additional Notes: _____

Signature (Owner or Applicant): _____ **Date:** _____

DOGS MUST BE CONTAINED, FENCES/WELL HOUSES UNLOCKED, AND WELL MUST BE POWERED





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The following information must be provided: 1) lot sketch showing lot dimensions, proposed building location(s)/dimensions, proposed building line and side line distances; 2) street or road names; 3) well location, if applicable, and well locations on adjacent properties; 4) driveway, patio and/or other impervious/paved surfaces; 5) underground utilities; 6) plumbing stub out and proposed drain field location; 7) location of easements, wetlands and flood plains.

Sketch

The above information, as furnished, is true and correct to the best of my knowledge. The applicant and/or owners *are* responsible for adverse soil conditions encountered, such as rock or water tables. Sites with poor percolation, redoximorphic features or impervious soil horizons within 24 inches of the planned absorption trench bottom, a seasonal high water table within 30 inches of the original ground surface or any other questionable soil features will be referred to a certified soil classifier, registered engineer or registered geologist for evaluation. Visit <http://health.state.ga.us/programs/envservices/landuse.asp> for rules, product information, certified professionals, home owner guides, etc.

For Staff Use			
Boring #	Est. Perc Rate	Depth of Seasonal High Water Table	Notes/Special Conditions