

WELL AND SEPTIC INSPECTION REQUEST

Requestor: (Agency) \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name	Address	City	State	Zip
------	---------	------	-------	-----

Current Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

Disposition of Report: \_\_\_ Agency \_\_\_ Owner \_\_\_ Fax \_\_\_ Mail

Legal Description: Attach Copy

The DeKalb County Health Department will not guarantee operation of the system

Parcel Identification Number (Tax ID Number): \_\_\_\_\_

Common Address of Property: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Year of Construction: \_\_\_\_\_ Plans Available? \_\_\_ Yes \_\_\_ No

Date of Renovation of Well: \_\_\_\_\_ Septic: \_\_\_\_\_

Anticipated Closing Date: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Fees

Well Inspection /Water Sample (Coliform) only \$165.00

Septic only \$155.00

Well & Septic Inspection \$320.00

Additional Water Samples (Nitrate/Lead/Etc.) \$55.00 each

Please Submit Payment with Application