

WELL AND SEPTIC INSPECTION REQUEST

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

Name	Address	City	State	Zip Code
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Current Property Owner: \_\_\_\_\_

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

Owner's Phone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

Disposition of Report: \_\_\_ Agency \_\_\_ Owner \_\_\_ Fax \_\_\_ Mail \_\_\_ E-mail

Disposition Contact (fax, e-mail, etc.) \_\_\_\_\_

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 \$175.00
- Septic only \$165.00
- Well & Septic Inspection \$340.00
- Additional Water Samples (Nitrate/Lead/Etc.) \$40.00 each

Please Submit Payment with Application