

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