

**WELL AND SEPTIC INSPECTION REQUEST 2019**

- **This application must be received by this Department a minimum of five (5) days prior to the requested inspection date.**
- **Upon completion of inspection, a minimum of fourteen (14) days are required for processing of all necessary samples and paperwork.**
- **Septic tank(s) must be exposed at both inlet and outlet access ports to provide for inspection of the baffles.**

**Fees**

- Well Inspection /Water Sample (Coliform)..... \$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**

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: \_\_\_\_\_ Date Submitted: \_\_\_\_\_