

WELL AND SEPTIC INSPECTION REQUEST

- **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..... \$300.00
- Additional Water Samples (Nitrate/Lead/Etc.)..... \$40.00 each

Please Submit Payment with Application

Requestor: (Agency) _____ Phone: _____ Fax: _____

_____ Name _____ Address _____ City _____ State _____ Zip Code _____

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 #: _____ House Currently Occupied ___ Yes ___ No

Year of Construction: _____ Plans Available? ___ Yes ___ No

Date of Renovation of Well: _____ Septic: _____

Anticipated Closing Date: _____

Signature of Requestor: _____ Date Submitted: _____

WATER SAMPLE REQUEST

Water samples can only be collected Monday-Wednesday. Results are analyzed and reported to the Health Department by a third-party laboratory. Please allow 14 business days for results. Each test is \$40.

Sample Type	Standard (\$40)
Alkalinity	
Arsenic	
Bacteria (E. Coli & Coliform)	Included w/ well inspection
Chloride	
Copper	
Fluoride	
Gross Alpha	
Hardness	

Sample Type	Standard (\$40)
Iron	
Lead	
Nitrate	
Nitrite	
Radon	
Residual Chlorine	
Sulfate	
TDS	

Total # of Samples: _____ Sampling Amount Due: \$_____