

**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) ..... \$60.00 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. If on a public water system these test results will be reported to the appropriate municipality.*

| Sample Type                      | Fee<br>(\$40)                                       |
|----------------------------------|---|
| Bacteria<br>(E. Coli & Coliform) | <i>First Test Included with<br/>well inspection</i> |

| Sample Type      | Fee<br>(\$60) |
|------------------|---------------|
| Nitrate/ Nitrite |               |
| Lead             |               |

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