



Public Health
Prevent. Promote. Protect.

Tift County Health Department

**Tift County Health Department
Environmental Health**

305 East 12th Street
PO Box 715

Tifton, Georgia 31794

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TIFT COUNTY SITE EVALUATION REQUEST

I hereby authorize the County Board of Health to conduct a site evaluation on this property for the purpose of determining the suitability for: **WELL ONLY** **SEPTIC SYSTEM ONLY** **WELL AND SEPTIC**

Property Owner Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Applicant Information (if different from owner)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Location of Property	Subdivision Name: _____ Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
Directions to Property	_____ _____ _____
Property Information:	Lot Size: _____ (Acres or Square feet) <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other _____

Complete the following if applying for a septic system:

New System **Repair**

Number of Bedrooms: _____ Average Weekly Loads of Laundry: _____

Garbage Grinder/Disposal Unit Yes No

Swimming Pool(s) Yes No

Oversized Tub(s) (ex. Hot tub) Yes No

Sprinkler System Yes No

Plumbing Stub Out Location: Slab Crawl Space Basement Split Level

Water Supply: Public Existing Individual Well Existing Shared Well I need to drill a well

Type of Septic System:

Conventional Gravel System

Alternative System: _____ (type requested)

Contractor's Choice (discuss with contractor(s) to decide which product)

Additional Notes: _____

Signature (Owner or Applicant): _____ **Date:** _____

DOGS MUST BE CONTAINED

South Health District ▪ Georgia Department of Public Health

www.southhealthdistrict.com/tift

812 New Site Evaluation 838 New System Permit
813 Repair Evaluation 839 Repair System Permit
853 Well Site and Location Permit