

Lowndes County Health Department

206 South Patterson St. • PO Box 5619 • Valdosta, Georgia 31603 Phone: (229) 333-5257 • Fax: (229) 245-2341 www.southhealthdistrict.com/lowndes

APPLICATION FOR APPROVAL FOR EXISTING SEPTIC SYSTEM / WATER SUPPLY

Submit with each request: \$60.00 for on-site system evaluation and \$50.00 for one water sample collected.

Any additional water samples will be \$50.00 each.

Property Owner Name				-	Phone Number	er(s)		
Address of Property Owner					CITY		STATE	ZIP
Applicant's Name					Phone Numb	er(s)		
Applicant's Address					CITY		STATE	ZIP
Location of Property: i.e. Su	bdivis	ion (Block &	Lot Number):					
Street Address:					CITY		STATE	ZIP
Directions to Property:								
Original Home Owner's/C	ompa	ny's Name o	r Name on Perm	it when Oı	1-Site Sewage	Disposal S	ystem was or	iginally installed:
			Reason Fo	or Evalua	ation_			
Loan Closing for Home Sale	e: 🗆	(If selling wr	rite Name, Addres	s, and Phor	ne Number of F	Buyer Belov	v)	
Refinance:			Name:				-	
Home Addition:			Address:					
Swimming Pool:			City:	State:	Zip:			
Structure Addition:			Phone#:()					
Mobile Home Relocation:								
Other:		(Details:)
			Complete the	followin	g in full			
Year Home Was Built:		Year Sep	otic System Install	ed:				
Amount of Land:	_	Number of	of Bedrooms:					
Garbage Disposal: □ Yl	ES □	NO						
System Installed for: \square Me	obile	Home □ F	House □ Other					
Do you want a Water Sam	ple Ta	ken:	YES 🗆 NO	(Additional \$5	50.00)			
Signature (Owner or Applicant)							Date	

If permits are not on file, you must stake off the four corners of the existing septic tank and mark the drain lines before our inspection. Contact the health department when this has been done. Septic tanks *may* have to be pumped prior to final approval. Not completing this application could result in delayed approval.