



**Public Health**  
Prevent. Promote. Protect.

Echols County Health Department

### Echols County Health Department

149 Highway 94 East • PO Box 37 • Statenville, Georgia 31648

Phone: (229) 559-5103 • Fax: (229) 559-7256

www.southhealthdistrict.com/echols

## ECHOLS 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     A WELL AND A SEPTIC SYSTEM

Property Owner Name	Phone Number(s)
Address of Property Owner	CITY _____ STATE _____ ZIP _____
Applicant's Name	Phone Number(s)
Applicant's Address	CITY _____ STATE _____ ZIP _____
Location of Property: i.e. Subdivision (Block & Lot Number): _____	
Street Address: _____ CITY _____ STATE _____ ZIP _____	
<small>* (A Street/Property Address is required prior to site evaluation – see the Echols County Commissioners' office prior to turning this form in.) *</small>	
Directions to Property:	
Lot Size: _____ Acre(s) _____ Square Feet <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other _____	
<b>Complete the Following if applying for a septic system:</b> <input type="checkbox"/> New System	
Number of Bedrooms: _____ <input type="checkbox"/> Repair	
Average Weekly Loads of Laundry: _____	
Garbage Grinder/Disposal Unit:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Swimming Pools:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oversized Tubs (i.e. Hot Tub on Porch/Patio):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sprinkler System:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Plumbing Stub Out Location:	<input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement <input type="checkbox"/> Split Level
<b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Existing Individual Well <input type="checkbox"/> I need to drill a well	
Type of Septic System:	
<input type="checkbox"/> Conventional Gravel System	
<input type="checkbox"/> Alternative System: (system requested: _____)	
<input type="checkbox"/> Contractor's Choice	
Signature (Owner or Applicant)	Date

