**Tift County Environmental Health**

305 East 12th Street • PO Box 715 • Tifton, Georgia 31794 Phone: (229) 386-7967 • Fax: (229) 386-8159

[www.southhealthdistrict.com/tift](http://www.southhealthdistrict.com/tift)

EXISTING SYSTEM EVALUATION REQUEST

Submit with each request: $60 for on-site system evaluation and $50 for one water sample.

Any additional water samples will be $50 each.

|  |  |
| --- | --- |
| 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 |  |

# Reason for Evaluation

Loan Closing for Home Sale □ (If selling, fill in buyer’s info below)

|  |  |
| --- | --- |
| Refinance | □ |
| Home Addition | □ |
| Swimming Pool | □ |
| Structure Addition | □ |
| Mobile Home Relocation | □ |
| Other | □ |

Buyer’s Name: Address: City: State: Zip: Phone

Details:

# Complete the Following in Full

Year home was built: Year septic system installed:

Amount of land: Number of bedrooms:

**Home owner’s name at the time original system was installed:** Garbage Disposal: □ Yes □No System installed for: □ Mobile home □House □Other: Are there wells located on this property? \_ If so, do you want a **water sample** taken? □Yes □ No (Additional $50 each) Has the system been pumped in the past? □ Yes □ No If so, when: by:

**Signature (Owner or Applicant): \_Date:**

**DOGS MUST BE CONTAINED, FENCES/WELL HOUSES UNLOCKED, AND WELL MUST BE POWERED**

South Health District ▪ Georgia Department of Public Health [www.southhealthdistrict.com/tift](http://www.southhealthdistrict.com/tift)

840 Existing System Evaluation