



Tift County Environmental Health
 305 East 12th Street • PO Box 715 • Tifton, Georgia 31794
 Phone: (229) 386-2299 • Fax: (229) 386-8159
www.southhealthdistrict.com/tift

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

