



Kathleen Toomey, Commissioner • Brian Kemp, Governor  
**Mark J. Eanes, MD, MBA, District Health Director**  
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## EXISTING SYSTEM EVALUATION REQUEST

Submit with each request: \$80 for on-site system evaluation and \$80 for one water sample. Any additional water samples will be \$80 each.

### **SELECT COUNTY:**

Ben Hill	Berrien	Brooks	Cook	Echols	Irwin	Lanier	Lowndes	Tift	Turner
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<b>Property Owner Information</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
<b>Applicant Information (if different from owner)</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
<b>Location of Property</b>	Subdivision Name: _____ Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
<b>Directions to Property</b>	_____ _____ _____

### Reason for Evaluation

Loan Closing for Home Sale <input type="checkbox"/> Refinance <input type="checkbox"/> Home Addition <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Structure Addition <input type="checkbox"/> Mobile Home Relocation <input type="checkbox"/> Other <input type="checkbox"/> Details: _____	<b>(If selling, fill in buyer's info below)</b>	Buyer's Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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### Complete the Following in Full

Year home was built: \_\_\_\_\_ Amount of land: \_\_\_\_\_  
 Year septic system installed: \_\_\_\_\_ 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: \_\_\_\_\_

Wells located on the property? Yes No 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**

