

Kathleen Toomey, Commissioner • Brian Kemp, Governor Mark J. Eanes, MD, MBA, District Health Director 325 West Savannah Avenue, Valdosta, Georgia 31601 Phone: (229) 333-5290 • Fax: (229) 333-7822

WATER SAMPLE REQUEST FORM

Submit with each request: \$80 for one water sample collected. Any additional water samples will be \$80 each.

Coloct Country

·		Select C	ounty:				
🗆 Ben Hill 🗆 Be	errien 🗆 Brooks 🗆 C	ook 🗆 Echols	🗆 Irwin	🗆 Lanier	Lowndes	🗆 Tift	🗆 Turner
Property	Name:						
Owner	Address:						
Information	City:State:Zip:						
	Phone:		_Email:				
Applicant	Name:						
Information	Address:						
(if different from owner)	City:						
	Phone:		_Email:				
Location of Property	Subdivision Name:Block & Lot Number:						
	Street Address:						
	City:		S	tate:	Zi	p:	
Directions							
to							
property							
Approximate Year Well Drilled: Approximate Year Septic Installed:							
Reason for Water Sample Request:							
Location of well on property:							
How would you prefer report delivered? Mail: Email: Fax: Pick up:Be sure info is filled out above.							
Signature (Owner or Applicant):Date:							
DOGS MUST BE CONTAINED, FENCES/WELL HOUSES UNLOCKED, AND WELL MUST BE POWERED							
0							
OFFICE USE O							
	1) tank	1 ime: 2)drain field		3) 50/00	lines		
Distance from well to 1) tank 2)drain field 3) sewer lines Surface water diverted away from well: \Box Yes \Box No							
Well cover or seal present and intact: \Box Yes \Box No							
-	nt, sloping away from casi		o prevent co	ontamination:	□Yes □No		
Vacuum break at all pump, hose and structure spigots: \Box Yes \Box No							
Wells not in service sealed and maintained: UYes No							
Area clean/accessible: Yes No							
Evidence of septic fa	ailure: □Yes □No						
Notes:					WW	S:	

We protect lives.