

Oconee County Health Department
Request for Service

Date _____

Give detailed instructions, directions to property and any other comments on the back.

Please check to indicate service desired.

_____ Private Well Water Sample **Priority** (10 business days) Fee: \$300
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Private Well Water Sample **Loan** (20 business days) Fee: \$200
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Private Well Water Sample **Residential** (20 business days) Fee: \$40
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Site Evaluation for Plat Signing: Number of lots on plat _____ Fee: \$100.00 per lot

_____ Signature Fee: \$50

_____ Existing Septic Evaluation – **Commercial** – (20 business days) Fee \$400

_____ Existing Septic Evaluation **Priority** – Commercial (10 business days) Fee: \$800

_____ Existing Septic Evaluation – **Residential** - (20 business days) Fee: \$175

_____ Existing Septic Evaluation **Priority** - Residential (10 business days) Fee: \$575

Purpose of Septic System Evaluation

_____ Loan or home sale** see below _____ Room (NOT BEDROOM) Addition* see below

_____ Carport or garage* see below _____ Deck or porch addition *see below

_____ Approval for In-ground pool* see below _____ Other _____

_____ Bedroom addition *- Number of bedrooms total (including new and existing) _____

Garbage disposal Yes ___ No ___ **Staked Out** on site Yes ___ No ___

* Please attach plans/sketch for all additions.

** If the septic system is more than five years old, proof that septic tank has been pumped out within the last five years is required before issuance of letter.

Your name _____

DAYTIME phone # _____

Property Owner's Name _____

Phone Number _____

Subdivision Name _____ Lot/block # _____

(If applicable)

Street Address _____

City and Zip _____

Health Department Use ONLY

Amount paid _____

rec'd by _____

date _____

7/19/2017