



# Morgan County Environmental Health Services



2005 S. Main Street, Suite 200 • Madison, Georgia 30650 • 706.752.1266 phone • 706.752.0286 fax

## REQUEST FOR EXISTING SYSTEM EVALUATION

_____ Evaluation of Existing System (\$150)	<b>Regular Service: 1-3 Weeks</b>
_____ Evaluation of Existing System (\$225)	<b>Priority Service: Within 7 Business Days</b>
_____ Final Inspection (\$150)	<b>Permit Issued for Addition to Septic</b>

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot/Block: \_\_\_\_\_

Year System Installed: \_\_\_\_\_ Original Property Owner (if known): \_\_\_\_\_

Directions to Property and Landmarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Type of Evaluation:

\_\_\_\_\_ Refinance/Purchase \_\_\_\_\_ Swimming Pool\*

\_\_\_\_\_ Garage/Shop/Deck Addition\* \_\_\_\_\_ Adoption/Foster Care

\_\_\_\_\_ Renovation/Rebuild \_\_\_\_\_ Bedroom Addition: **Total # of Bedrooms After Addition** \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**NOTICE**-Proof that septic tanks have been pumped out within the last 5 years must be provided to this office by the applicant before a satisfactory existing system evaluation letter can be provided. This is for all home purchases/refinancing. All fees are non-refundable once review has begun.

Proof of pumping attached

**\*PLEASE COMPLETE BACK OF FORM FOR ALL ADDITIONS/POOLS**

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(Department Use Only)

Date of Evaluation \_\_\_\_\_ Inspector \_\_\_\_\_

Fee Paid Amount \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_

**Failure to provide adequate plans may result in a delay for your request. Any addition to the septic system will require a Level III soil report and final inspection fee of \$100 prior to approval.**

In order for this department to perform a complete existing system evaluation, the following information **must** be provided by the applicant: **(1)** Lot sketch showing lot dimensions, easements and required setback **(2)** Existing structures, driveway(s), patio(s) and any other paved areas **(3)** Projected location and dimensions of proposed structure(s) and/or swimming pool, including side line distances and all finished areas of disturbance; sidewalks, decks, fences/gates, etc. **(4)** Location of existing well, if applicable, as well as neighboring wells on adjacent properties

-Sketch-

The above information as furnished is true and correct to the best of my knowledge; therefore, I hereby apply for an existing system evaluation based on this information.

Signature of Owner or Applicant \_\_\_\_\_

Date \_\_\_\_\_