



Walton County Environmental Health

1110 East Spring Street, Suite 200 • Monroe, Georgia 30655 • 770.267.1430 phone • 770.267.1451 fax

Service Request Form

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Water Sample-Self Test (\$40) | Homeowner Self-test ; Results only |
| <input type="checkbox"/> Water Sample-Loan Closing (\$150) | Regular Service: 1-3 Weeks
Sample taken by Department. Letter provided for loan closing |
| <input type="checkbox"/> Water Sample-Loan Closing (\$200) | Priority Service: Within 7 Business Days
Sample taken by Department. Letter provided for loan closing |
| <input type="checkbox"/> Evaluation of Existing System (\$150) | Regular Service: 1-3 Weeks |
| <input type="checkbox"/> Evaluation of Existing System (\$225) | Priority Service: Within 7 Business Days |
| <input type="checkbox"/> Re-Inspection (\$200) | Permit Issued for Addition to Septic |

Owner: _____ Phone: _____ Email: _____

Applicant/Contact Person: _____ Phone: _____ Email: _____

Property Address: _____ City: _____ Zip: _____

Subdivision: _____ Lot/Block: _____

Please complete the following information for an Evaluation of Existing System:

- | | |
|-----------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Refinance/Purchase | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Garage/Shop Addition | <input type="checkbox"/> Adoption/Foster Care |
| <input type="checkbox"/> Renovation/Rebuild | <input type="checkbox"/> Bedroom Addition: Total# of Bedrooms After Addition _____ |
| <input type="checkbox"/> Other: _____ | |

Is there a locked fence/gate? _____ Dogs? _____ Phone # to call _____

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 \$200 prior to approval.

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. All fees are non-refundable once review has begun.

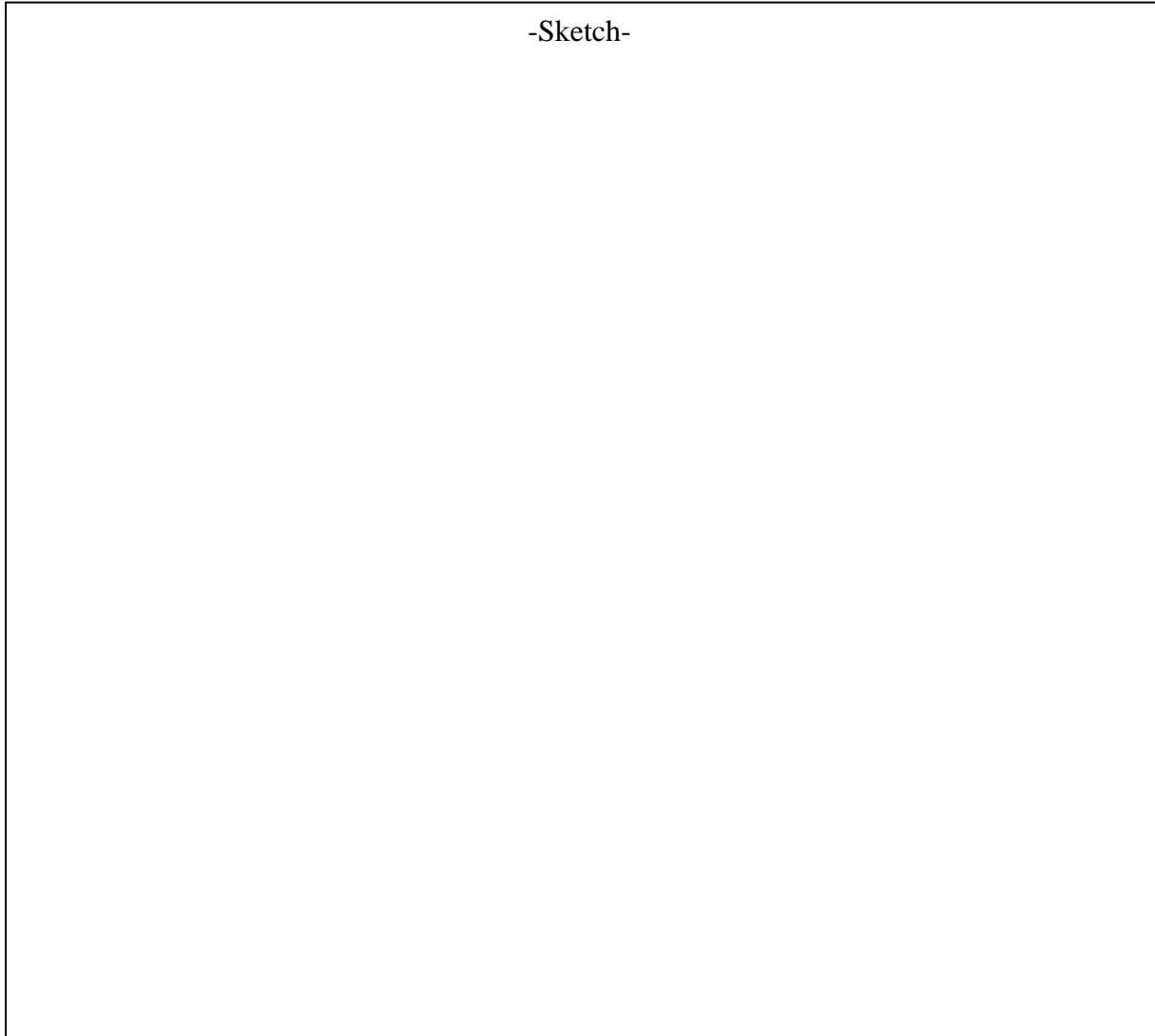
(Department Use Only)

Date of Evaluation _____ Inspector _____

Fee Paid Amount _____ Received By _____ Date _____

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-



Applicant _____ Phone _____ Fax _____

Owner _____ Phone _____ Fax _____

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 _____