



Kathleen Toomey MD, MPH, Commissioner | Brian Kemp, Governor

www.district4health.org

Fayette County Environmental Health Department
140 Stonewall Avenue West, Fayetteville, GA 30214
Phone: (770) 305-5415 • Fax: (770) 305-5183



Existing System Evaluation

____ Septic ____ Septic+well Reason for Evaluation: _____
____ Well ____ Well Re-test _____

Property Owner: _____ Phone #: _____

*Email: _____

all results will be emailed unless otherwise indicated on the application.

Street Address of Property: _____

City: _____ State: GA Zip: _____ Subdivision: _____

Total Bedrooms in Existing Structure: _____ Water Supply: Public _____ Private _____

Garbage Disposal: Y/N _____ Locked gate or security code? Y/N _____ Security code: _____

Animals of concern on property? Y/N _____

Prior to the evaluation:

* Please initial by each to acknowledge you have read and understand the evaluation process.

____ **Unless otherwise noted on this form, the site visit will occur based on time availability of inspector and weather. Please ensure all gates are unlocked or accessible, pets are relocated if necessary, and the area of the septic system is easily accessible.**

____ **Allow a minimum of 3 working days for septic evaluations and 10 working days for well evaluations. Water samples cannot be collected on Fridays or a day before a holiday.**

____ **If the system is older than five years old, please submit documentation showing the system has been pumped or serviced within the past five years, if available.**

NOTES FOR INSPECTOR: _____

Applicant's Name (if different from owner): _____

*Email: _____ Phone #: _____

Well Information

Source of Supply (check one): Bored well _____ Drilled well _____ Spring _____

Is Electricity on at Site? Y/N _____ Is the well easily accessible? Y/N _____

Equipment: concrete pad _____ filter _____ storage tank _____ other _____

Has the well been treated with chlorine in the past year? Y?N _____ If so, when? _____

Number of wells on property: _____

Location of well: _____

**please sketch a drawing on back of application if needed*

Applicant/Owner Signature _____ **Date** _____