



 Waiton County Environmental Health
 Second Street

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

Serv	<u>vice Request Form</u>		
Water Sample-Self Test (\$40)	Homeowner <b>Self-test</b> ; Results only <b>Regular Service: 1-3 Weeks</b> Sample taken by Department. Letter provided for loan closing <b>Priority Service: Within 7 Business Days</b> Sample taken by Department. Letter provided for loan closing		
Water Sample-Loan Closing (\$150)			
Water Sample-Loan Closing (\$200)			
Evaluation of Existing System (\$150)	Regular Service: 1-3 Wee	ks	
Evaluation of Existing System (\$225)	Priority Service: Within 7 Business Days		
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 inf Refinance/Purchase		ation of Existing System:	
	Swimming Pool Adoption/Foster	Cara	
Garage/Shop Addition	·		
Renovation/Rebuild Other:		N: Total# of Bedrooms After Addition	
Is there a locked fence/gate?	_Dogs?Phone	e # to call	
Failure to provide adequate plans may result i will require a <u>Level III soil report and final insp</u>			
<b>NOTICE</b> – Proof that septic tanks have been pur by the applicant before a satisfactory existing s refundable once review has begun.	• •	e provided. All fees are non-	
	Department Use Only)		
Fee Paid AmountRe			

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	