

**Fayette County Environmental Health Department**  
 140 Stonewall Avenue W \* Suite 200 \* Fayetteville, GA 30214  
 Phone (770) 305-5415 \* Ext 5 \* Fax (770) 305-5183

**Existing Systems Evaluation**  
**No Refunds**

*Allow three (3) working days for SEPTIC evaluations (weather permitting) and ten (10) working days for WELL evaluations. Water samples cannot be collected on Fridays or on a day before a holiday.*

*An additional \$25 will be charged for water needing to be retested.*

<b>Type of Evaluation:</b>	
Septic \$100	___
Well \$ 75	___
Well Re-Test \$25	___
Both \$140	___
DFACS	___

**Reason for Evaluation:**  
 Own Interest: \_\_\_\_\_  
 Requirement from Bank or Lending Firm: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

Today's Date	_____
Date Needed:	_____
<b>(Do Not Use ASAP, Etc)</b>	
Desire results to be:	
Mailed	_____
Picked Up	_____
Faxed	_____
E-Mailed	_____

**Applicant:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Current Owner:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot #** \_\_\_\_\_ **Year Constructed:** \_\_\_\_\_

**Bedrooms:** \_\_\_\_\_ **Garbage Disposal** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have any dogs our personnel must be concerned about?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Is there a security code or gate our personnel need access to?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Code: \_\_\_\_\_

**Has tank been pumped or installed in the past 5 years?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please attach documentation.

**Well Information**

**Type of well:** Bored \_\_\_\_\_ Drilled \_\_\_\_\_ Spring \_\_\_\_\_

**Is the water and electricity turned on?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Is there a 4 inch thick concrete pad that extends out at least 2 feet in all directions from the casing of the well** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Is the casing height 12" above the ground:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Year Constructed:** \_\_\_\_\_

**Has well been treated with chlorine within the past year:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when: \_\_\_\_\_

**Location of the Well:** \_\_\_\_\_

**For Office Use Only**

**Payment Received:** \_\_\_\_\_ **Results reported to:** \_\_\_\_\_

**Receipt Issued:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **By:** \_\_\_\_\_