



West Central Health District Environmental Health

Existing System Evaluation

Applicant: _____

Applicants Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Property/System Address: _____

Parcel Number: _____

Directions to the Property: _____

Subdivision Name: _____

Lot Number: _____ Block Number: _____

Number of Bedrooms: _____ Garbage Grinder: Yes No

Water Supply: Public Private Well Community

Reason for Existing System Evaluation: (1) Loan Closing for Home Sale

(2) Refinance

(3) Home Addition (Non-bedroom)

(4) Swimming Pool Construction

(5) Structure Addition to Property

Type: _____

(6) Mobile Home Relocation

(7) Other: _____

When was the system installed: _____

Has the septic tank been pumped out in the last five years? Yes No

If the septic tank has been pumped within five years, please attach documentation such as a pump-out report or invoice. If the tank has not been pumped out within the last five years, it must be pumped, and the pump-out report provided with this application, before the evaluation can be completed.

Signature _____ Date _____

Fee for service: \$75.00

Please complete this application and return it, along with the fee for service, to:

Crisp County Health Department
111 East 24th Avenue
Cordele, Georgia 31015-3834

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