

Oconee County Health Department Request for Service

Date _____

Give detailed instructions, directions to property and any other comments on the back.

Please check to indicate service desired.

_____ Private Well Water Sample **Priority** (3 – 5 working days) Fee: \$150
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Private Well Water Sample **Loan** (10 -15 working days) Fee: \$100
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Private Well Water Sample **Residential** (10 -15 working days) Fee: \$40
Total and Fecal Coliform (bacteria) test ONLY (samples taken Monday-Thursday only)

_____ Site Evaluation for Plat Signing: Number of lots on plat _____ Fee: \$75.00 per lot

_____ Existing Septic System Evaluation **Priority** (3 – 5 working days) Fee: \$150

_____ Existing Septic System Evaluation (7 to 10 working days) Fee: \$100

Purpose of Septic System Evaluation

_____ Loan or home sale** see below _____ Room (NOT BEDROOM) Addition* see below

_____ Carport or garage* see below _____ Deck or porch addition * see below

_____ Approval for In-ground pool* see below _____ Other _____

_____ Bedroom addition Number of bedrooms now _____

Garbage disposal Yes ___ No ___ Staked Out on site Yes ___ No ___

*** Please attach plans/sketch for all additions.**

**** If the septic system is more than five years old, proof that septic tank has been pumped out within the last five years is required before issuance of letter.**

Your name _____

DAYTIME phone # _____

Property Owner's Name _____

Phone Number _____

Subdivision Name _____ Lot/block # _____

(If applicable)

Street Address _____

City and Zip _____

Health Department Use ONLY

Amount paid _____ rec'd by _____ date _____

ES results _____ inspected by _____ drawing on file Y/N date completed _____

Date H20 sample taken _____ Results –Tc, -fc, +Tc, + fc date letter sent/called _____

Date of retest payment _____ Date h20 sample taken _____ Results –Tc, -fc, +Tc, + fc

Date letter sent/called _____ Date plats signed _____