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Rockdale Environmental Health
 1329 Portman Drive - Suite F
 Conyers, GA 30094
 Phone: 770.278.7340
 Fax: 770.278.8919

Existing Septic System Evaluation Application

Application Date: _____ Residential Commercial

<p>OWNER INFORMATION</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Fax () _____</p> <p>Other Phone () _____</p> <p>E-MAIL _____</p>	<p>AUTHORIZED AGENT INFORMATION (if other than owner)</p> <p>Name _____</p> <p>Business Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Fax () _____</p> <p>Other Phone () _____</p> <p>E-MAIL _____</p>
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Property Address _____ City _____ ZIP _____

Subdivision _____ Lot _____ Block _____

Current or Proposed # Bedrooms _____ Tax ID _____

Garbage Disposal: Yes No Property Water: Public Well Lot Size (Sq. Ft.)** _____

**1 acre = 43,560 square feet

Type of Structure: Single Family Residence Multi-family Residence Commercial _____

Other: _____

When was tank last pumped? _____ O.K. to Enter Yard Fence with Gate Dogs in Yard

Reason for Existing Sewage System Evaluation:

Loan Closing for Home Sale or Refinance Mobile Home Relocation Adoption

Commercial – Business Type Changing Commercial – Same Business Type (Change of Name/Ownership)

Other _____

Additional Information (if needed):

If it is determined the existing septic system needs to be modified or relocated, you must also obtain a Residential or Commercial Septic System Permit at that time. A list of approved soil classifiers can be found at: <http://dph.georgia.gov/wastewater-management>. An additional fee will be required for a Residential or Commercial Septic System Permit (if required). Please allow our office 10 working days to review the plans and conduct a site visit.

OWNER'S/AUTHORIZED AGENT'S SIGNATURE _____