

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Lumpkin County Environmental Health
342 Courthouse Hill, Suite B, Dahlonega Georgia 30533 Phone: 706-867-2730

Pre-Purchase or Existing Septic System Evaluation

Property Information:

Subdivision: _____ Lot: _____ Gate Code: _____

Property Address: _____
Street City State Zip

Owner's Name: _____ Owner's Email: _____

Owner's Address: _____
Street City State Zip

Owner's Phone #: _____ Secondary Phone #: _____

Water Supply: Public Water Individual Well Community Well EPD Permitted Well

Lot Size: _____

Type of Structure: Single Family Residence Multi Family Residence Commercial

Water Usage By: Number of Bedrooms: _____ Gallons Per Day: _____

Level of Plumbing: Ground Level Basement Above Ground Level

Garbage Disposal: YES NO

Soil Analyst on property: YES NO

Reason for Evaluation:

- Loan Closing or home Sale
- Refinance
- Home Addition (non-bedroom)
- Swimming Pool Construction
- Structure Addition to Property
- Mobile Home Relocation
- Other:

Applicant Signature: _____ Date: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Lumpkin County Environmental Health
342 Courthouse Hill, Suite B, Dahlonega Georgia 30533 Phone: 706-867-2730

Pre-Purchase or Existing Septic System Evaluation

As of 2/20/2000, any person/persons installing on-site sewage management systems must be certified by the State or an approval for the system will not be issued. When installing a new system, repair, or modification, if there are indications of unsuitable soils or other concerns please cease work and notify the Lumpkin County Environmental Health Department.

The certified septic installer must leave the repaired area uncovered until inspection is complete. (Unless prior approval from inspector)

Evaluation Fee: 65.00

Pre-Purchase Evaluation: Property lines must be marked and potential house site staked prior to our visit, this process helps insure proper evaluation.

Existing System Evaluation:

Directions: _____

Send completed applications back to: LumpkinEH@dph.ga.gov
Payment required: Credit card, Check or Cash.

You will need to provide a copy of your PLAT with your Evaluation application.

Applicant Signature: _____ Date: _____