

Ben Hill County Health Department

251 Appomattox Road • PO Box 188 • Fitzgerald, Georgia 31750 Phone: (229) 426-5288 • Fax: (229) 426-5291

www.southhealthdistrict.com/benhill

APPLICATION FOR APPROVAL FOR EXISTING SEPTIC SYSTEM / WATER SUPPLY

Submit with each request: \$60.00 for on-site system evaluation and \$50.00 for one water sample collected.

Any additional water samples will be \$50.00 each.

Property Owner Name			additional water s	umpres will c	Phone Number	r(s)	
Address of Property Owner						~	
Applicant's Name					Phone Number	STATE	ZIP
Applicant's Address							
Applicant s Address					CITY	STATE	ZIP
Location of Property: i.e. Su	bdivisi	on (Block & L	ot Number):				
Street Address:					CITY	STATE	ZIP
Directions to Property:							
Original Home Owner's/Company's Name or Name on Permit when On-Site Sewage Disposal System was originally installed:							
			Reason Fo	or Evalua	<u>ition</u>		
Loan Closing for Home Sale	: 🗆 ((If selling write	e Name, Addres	s, and Phon	e Number of Bu	ıyer Below)	
Refinance:			Name:				
Home Addition:			Address:				
Swimming Pool:			City:	State:	Zip:	_	
Structure Addition:			Phone#:()				
Mobile Home Relocation:							
Other:		(Details:)
		<u>(</u>	Complete the	<u>followin</u>	<u>g in full</u>		
Year Home Was Built: Year Septic System Installed:							
Amount of Land: Number of Bedrooms:							
Garbage Disposal: □ YI	ES 🗆	NO					
System Installed for: ☐ Mo	bile l	Home □ Ho	ouse Other				
Do you want a Water Samp	ole Ta	ken: \square Y	ES 🗆 NO	(Additional \$5	0.00)		
<u> </u>							
Signature (Owner or Applicant)						Date	

If permits are not on file, you must stake off the four corners of the existing septic tank and mark the drain lines before our inspection. Contact the health department when this has been done. Septic Tanks *may* have to be pumped prior to final approval. Not completing this application could result in delayed approval.