

Kathleen Toomey, Commissioner • Brian Kemp, Governor Mark J. Eanes, MD, MBA, District Health Director 325 West Savannah Avenue, Valdosta, Georgia 31601 Phone: (229) 333-5290 • Fax: (229) 333-7822

WATER SAMPLE REQUEST FORM

Submit with each request: \$50 for one water sample collected. Any additional water samples will be \$50 each.

Coloct Country

		Select C	Sunty:				
🗆 Ben Hill 🗆 Be	errien 🗆 Brooks 🗆 Co	ook 🗆 Echols	🗆 Irwin	🗆 Lanier	□ Lowndes	🗆 Tift	🗆 Turner
Property	Name:						
Owner	Address:						
Information	City:			State:	Zi	p:	
	Phone:		_Email:				
Applicant	Name:						
Information	Address:						
(if different from owner)	City:		S	state:	Zij	o:	
	Phone:		_Email:				
Location of Property	Subdivision Name:Block & Lot Number:						
	Street Address:						
	City:		S	State:	Zi	p:	
Directions							
to							
property							
Approximate Year Well Drilled: Approximate Year Septic Installed:							
Reason for Water Sample Request:							
Location of well on property:							
How would you prefer report delivered? Mail: Email: Fax: Pick up:Be sure info is filled out above.							
Signature (Owner or Applicant):Date:							
DOGS MUST BE CONTAINED, FENCES/WELL HOUSES UNLOCKED, AND WELL MUST BE POWERED							
OFFICE USE O	NLY:						
	to 1) tank	-		3) sewe	r lines	_	
Surface water diverted away from well:□Yes □No							
Well cover or seal present and intact: Yes No							
Curbing is water tight, sloping away from casing and sufficient to prevent contamination: □Yes □No							
Vacuum break at all pump, hose and structure spigots: Ves No							
Wells not in service sealed and maintained: Yes No							
Area clean/accessible:□Yes □No Evidence of septic failure: □Yes □No							
Notes:					WWS	S:	